

# **Exhibit B**

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WEST VIRGINIA  
CHARLESTON DIVISION

-----  
)  
B.P.J. by her next friend and) mother, HEATHER JACKSON, )  
)  
Plaintiff, )  
) No. 2:21-cv-00316  
vs. )  
)  
WEST VIRGINIA STATE BOARD OF )  
EDUCATION, HARRISON COUNTY )  
BOARD OF EDUCATION, WEST )  
VIRGINIA SECONDARY SCHOOL )  
ACTIVITIES COMMISSION, W. )  
CLAYTON BURCH in his official) capacity as State )  
Superintendent, DORA STUTLER,) in her official capacity as )  
Harrison County )  
Superintendent, and THE STATE) OF WEST VIRGINIA, )  
)  
Defendants, )  
)  
LAINEY ARMISTEAD, )  
)  
Defendant-Intervenor.)  
-----

VIDEOTAPED DEPOSITION OF  
JAMES M. CANTOR, PhD  
Monday, March 21, 2022  
Volume I

Reported by:  
ALEXIS KAGAY  
CSR No. 13795  
Job No. 5122845  
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IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WEST VIRGINIA  
CHARLESTON DIVISION

B.P.J. by her next friend and  
mother, HEATHER JACKSON,

Plaintiff,

vs.

WEST VIRGINIA STATE BOARD OF  
EDUCATION, HARRISON COUNTY  
BOARD OF EDUCATION, WEST  
VIRGINIA SECONDARY SCHOOL  
ACTIVITIES COMMISSION, W.  
CLAYTON BURCH in his official  
capacity as State  
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in her official capacity as  
Harrison County  
Superintendent, and THE STATE  
OF WEST VIRGINIA,

Defendants,

LAINIEY ARMISTEAD,

Defendant-Intervenor.)

No. 2:21-cv-00316

Videotaped deposition of JAMES M. CANTOR,  
Volume I, taken on behalf of Plaintiff, with all  
participants appearing remotely, beginning at 9:03 a.m.  
and ending at 5:33 p.m. on Monday, March 21, 2022,  
before ALEXIS KAGAY, Certified Shorthand Reporter  
No. 13795.

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JAMES M. CANTOR, PhD

Volume I

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1 Monday, March 21, 2022

2 9:03 a.m.

3

4 THE VIDEOGRAPHER: Okay. Good morning. We  
5 are on the record at 9:03 a.m. on March 21st, 2022. 06:03:33

6 This is media unit 1 in the video-recorded  
7 deposition of Dr. James Cantor, in the matter of  
8 B.P.J. by Heather Jackson versus West Virginia State  
9 Board of Education, et al., filed in the U.S.  
10 District Court for the Southern District of West 06:03:55  
11 Virginia, in the Charleston Division. The case  
12 number is 2:21-cv-00316.

13 This deposition is being held virtually.

14 My name is Dave Halvorson. I'm the  
15 videographer here from Veritext. And I'm here with 09:03:59  
16 the court reporter, Alexis Kagay, also from  
17 Veritext.

18 Counsel, can you please all identify  
19 yourselves so the witness can be sworn in.

20 COUNSEL SWAMINATHAN: Sure thing. 09:04:11

21 So this is Sruti Swaminathan with  
22 Lambda Legal, and I am counsel for Plaintiff. And  
23 I'll allow my co-counsel from Lambda Legal to start  
24 the introductions.

25 MS. BORELLI: This is Tara Borelli from 09:04:24

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1 Lambda Legal, for Plaintiff.

2 MS. HARTNETT: Hi. This is Kathleen Hartnett  
3 from Cooley, LLP, for Plaintiff.

4 MR. BARR: Good morning. This is Andrew Barr  
5 from Cooley, for Plaintiff. 09:04:41

6 MS. REINHARDT: This is Elizabeth Reinhardt  
7 with Cooley, LLP, for Plaintiff.

8 MS. KANG: This is Katelyn Kang from Cooley,  
9 LLP, for Plaintiff.

10 MS. PELET DEL TORO: This is Valeria Pelet 09:04:50  
11 del Toro from Cooley, for Plaintiff.

12 MR. BLOCK: This is Josh Block from the ACLU,  
13 for Plaintiff.

14 THE VIDEOGRAPHER: Is that --

15 COUNSEL SWAMINATHAN: I believe that's 09:05:15  
16 everyone on our end.

17 THE VIDEOGRAPHER: Okay.

18 MR. TRYON: This is David Tryon. I'm with  
19 the West Virginia Attorney General's Office,  
20 representing the State of West Virginia. 09:05:24

21 MR. BARHAM: This is Travis Barham with  
22 Alliance Defending Freedom, Counsel for Intervenors,  
23 defending the deposition.

24 MR. CROPP: This is Jeffrey Cropp on behalf  
25 of defendants Harrison County Board of Education and 09:05:37

1 Superintendent Dora Stutler.

2 MS. MORGAN: This is Kelly Morgan on behalf  
3 of the West Virginia Board of Education and  
4 Superintendent Burch.

5 MS. GREEN: This is Roberta Green on behalf 09:05:52  
6 of West Virginia Secondary School Activity (sic)  
7 Commission.

8 THE VIDEOGRAPHER: Okay. If that's every- --  
9 maybe Mr. Frampton? Is that --

10 MR. FRAMPTON: Sure, I'll identify myself, 09:06:10  
11 although I'm not really participating.

12 Hal Frampton from Alliance Defending Freedom,  
13 for the Intervenor.

14 THE VIDEOGRAPHER: Okay.

15 Okay. Can we please swear in the witness. 09:06:31  
16 (Witness sworn.)

17 THE VIDEOGRAPHER: Okay. Please proceed.

18  
19 JAMES M. CANTOR, PhD,  
20 having been administered an oath, was examined and  
21 testified as follows:

22  
23 EXAMINATION

24 BY COUNSEL SWAMINATHAN:

25 Q Good morning, Dr. Cantor. Thank you again 09:06:33



1 for your time today. As I said, my name is  
2 Sruti Swaminathan, and I'm an attorney with  
3 Lambda Legal.

4 I use they/them pronouns, so if you have any  
5 need to refer to me specifically, feel free to call 09:06:43  
6 me Counsel Swaminathan or Attorney Swaminathan.

7 I represent B.P.J., the plaintiff in this  
8 matter. And, yeah, again, thank you for -- for  
9 bearing with me today.

10 So how are you? 09:06:59

11 A I'm fine. Thank you.

12 Q And would you please state and spell your  
13 name for the record.

14 A Dr. James Michael Cantor, J-a-m-e-s  
15 M-i-c-h-a-e-l C-a-n-t-o-r. 09:07:12

16 Q Thank you.

17 And, Dr. Cantor, what pronouns do you use?

18 A He/him.

19 Q Great. So let me explain some ground rules  
20 so that the court reporter can establish a clean 09:07:23  
21 transcript today.

22 I'll ask you questions, and you must answer  
23 unless your counsel instructs you otherwise.

24 Do you understand?

25 A Yes, I do. 09:07:33

1 Q And I will note, I might be looking above  
2 you, as you can see me, the camera is just a little  
3 bit below me, so apologies for that.

4 Okay. And so, again, if your counsel objects  
5 to my questions, you still need to answer my 09:07:47  
6 questions unless they specifically instruct you not  
7 to answer.

8 Do you understand that?

9 A I do.

10 Q Great. If you don't understand my question, 09:07:53  
11 please let me know. I'm happy to try to rephrase it  
12 or make it clear for you.

13 If you do answer my question, I will assume  
14 that you understood. Is that fair?

15 A Yes. 09:08:06

16 Q We can take a break whenever you need. I  
17 will try to naturally break every hour or so.  
18 However, if I've asked a question or if I'm in the  
19 middle of a line of questions, I'd appreciate if you  
20 can provide me with an answer before we take a 09:08:17  
21 break.

22 Do you understand that?

23 A Yes.

24 Q Great. Let's do our best not to speak over  
25 each other today. And as you are doing right now, 09:08:26

1 please use verbal answers so that the court reporter  
2 can transcribe your answers accurately.

3 Unfortunately, nodding your head or shaking your  
4 head cannot be captured by the court reporter.

5 Do you understand that? 09:08:42

6 A Yes, I do.

7 Q Great. And so before we too -- get too far  
8 along today in the -- the substantive portion, I  
9 want to note for you that we're going to be talking  
10 quite a bit about healthcare that's commonly used to 09:08:52  
11 treat gender dysphoria for transgender people.

12 For the purposes of this deposition, when I  
13 say "cisgender," I mean someone whose gender  
14 identity matches the sex they were assigned at  
15 birth. 09:09:07

16 Do you understand?

17 A Yes, I do.

18 Q For the purposes of this deposition, when I  
19 say "transgender," I mean someone whose gender  
20 identity does not match the sex they were assigned 09:09:14  
21 at birth.

22 Do you understand?

23 MR. TRYON: Objection; terminology.

24 BY COUNSEL SWAMINATHAN:

25 Q You can answer. 09:09:23

1 A I understand what you mean, yes.

2 Q Great. So if I refer to "care" as  
3 gender-affirming care or gender-confirming care, I  
4 am referring to medical care provided to transgender  
5 people to treat gender dysphoria. 09:09:34

6 Do you understand?

7 MR. TRYON: Objection; terminology.

8 THE WITNESS: To clarify, so when you say  
9 "care," you mean specifically medical care?

10 BY COUNSEL SWAMINATHAN: 09:09:46

11 Q I mean medical care.

12 A I understand.

13 Q Great. And, again, when I say "B.P.J.," I am  
14 referring to the plaintiff in the case.

15 Do you understand? 09:09:56

16 A Yes, I do.

17 Q Great. So you understand that you are  
18 testifying under oath today, just as if you were  
19 testifying in court; correct?

20 A Yes, I do. 09:10:07

21 Q Is there anything that would prevent you from  
22 testifying truthfully today?

23 A No.

24 Q Is there any reason you're aware of that  
25 would prevent you from completely and accurately 09:10:17

1       answering my questions?

2           A     No.

3           Q     Are you taking notes during this deposition?

4           A     I wrote down one note to remind myself that

5       when you use the word "care," you're referring                   09:10:30

6       specifically to medical care.

7           Q     Okay. Have you been deposed before,

8       Dr. Cantor?

9           A     Yes.

10          Q     How many times?                                       09:10:42

11          A     About a dozen.

12          Q     About a dozen.

13                Let's go each -- through each occurrence

14       individually, starting with the first time you were

15       deposed.   09:10:49

16                When was that, to your recollection?

17          A     It would have been about eight to ten years  
18       ago.

19          Q     And what was the nature of the case?

20          A     What the diagnostic cutoffs are for -- for a           09:11:01

21       formal diagnosis of pedophilia or related

22       conditions.

23          Q     And what was your role in the case?

24          A     I was summarizing the science indicating that

25       sexual interest in a particular age range, 11 to               09:11:16

1 14 years old, is diagnosable as a mental illness.

2 Q And what course -- court was this in?

3 A Oh, I don't remember the city. It was in the  
4 state of Illinois.

5 Q Do you, by chance, happen to remember the 09:11:36  
6 name of the case, either the plaintiff or the  
7 defendant?

8 A No, not offhand.

9 Q Okay. How about the second time you were  
10 deposed? 09:11:45

11 A The same situation. There were about six  
12 such cases in Illinois.

13 Q And so six out of the 12 or a dozen or so  
14 cases that you mentioned deal with the same subject?

15 A Roughly, yes. 09:12:02

16 Q What about the other six?

17 A Of those, roughly three more were a similar  
18 kind of question, but in New York State. Another  
19 one, also in New York, was pertaining to whether  
20 BDSM would count as a mental illness, but that case 09:12:23  
21 did not go through to completion. And then the  
22 remaining cases were about trans issues.

23 Q So about how many cases were about  
24 transgender issues?

25 A I think it's two others. 09:12:42

1 Q Could you tell me more about those two  
2 specific instances of your testimony?

3 A One was a -- the Josephson case, and one is  
4 the Cross case.

5 Q And tell me about the Josephson case. 09:13:06  
6 When -- when did you provide -- or when were you  
7 deposed in that case?

8 A Roughly a year ago.

9 Q Roughly a year ago.

10 And what was your role in connection with 09:13:14  
11 that deposition?

12 A To summarize the science on gender identity  
13 issues.

14 Q Okay. And what court was that case in?

15 A It was in -- I -- I believe that one was 09:13:29  
16 Loudoun County.

17 Q And then the second case you mentioned was  
18 the Cross case.

19 A Correct.

20 Q And what was the nature of that case? 09:13:39

21 A Similar, to summarize the science on gender  
22 identity issues.

23 Q Was that also within the past year that you  
24 provided --

25 A Yes. 09:13:49

1 Q -- that testimony?

2 A Yes.

3 Q And was that in the same court as the  
4 Josephson case or a different court?

5 A A different court. 09:13:56

6 Q Do you remember which court that was?

7 A No, I don't.

8 Q And so we just spoke about times that you've  
9 been deposed. In any of these cases, did it require  
10 you to testify in court as well? 09:14:07

11 A Yes.

12 Q In which cases were you required to testify  
13 in court?

14 A Hold on. I take that back. It was one of  
15 the two New York cases that required me to testify 09:14:26  
16 in court.

17 Q So not either of the cases related to  
18 transgender individuals?

19 A Correct.

20 Q Okay. And so we just spoke about testimony 09:14:40  
21 that you've given. Have you provided expert  
22 testimony in any other litigation?

23 A No.

24 Q This is the first case in which you've  
25 provided expert testimony? 09:14:55



1           A    I think I might have misunderstood your  
2   question.  In each of these cases, I was serving as  
3   an expert witness.

4 Q Oh, in each of these cases, you were an  
5 expert witness, not a fact witness -- 09:15:07

6	A	Correct.
---	---	----------

```
7 |           0    -- correct?  Okay.
```

8 But other than these cases, there are no  
9 other cases in which you've provided expert  
10 testimony; right? 09:15:14

11	A	Correct.
----	---	----------

12 Q Okay. Has anyone ever tried to exclude the  
13 testimony that you've provided in a case?

14           A     The opposing counsel, but that's -- only the  
15     opposing counsel. 09:15:33

16 Q In how many of the 12 cases that you just  
17 mentioned to me has opposing counsel tried to  
18 exclude your testimony?

19	A All of them.
----	----------------

20 | 0 All of them? So let's go through them. 09:15:42

21               Sorry, apologies. I think I cut you off  
22       there.

23           A     I guess I'm wondering about how you're using  
24       the word "tried" to exclude. When you say that, I  
25       mean, you know, try to verify my credentials and                      09:15:59

1 determine whether I'm qualified to comment at all,  
2 but not any extraordinary, in other words, outside  
3 of routine, ensuring that I qualify as an expert.

4 Q So in your mind, what -- what would you  
5 categorize as extraordinary in your verse? 09:16:22

6 A Anything other than the questioning that  
7 we're going through right now.

8 Q Okay. And, to your knowledge, on what  
9 grounds did opposing counsel in these cases try to  
10 exclude your testimony? 09:16:31

11 A I don't --

12 MR. BARHAM: Objection as to form.

13 THE WITNESS: I don't recall the details.

14 BY COUNSEL SWAMINATHAN:

15 Q Okay. But it is your understanding that some 09:16:41  
16 form of this effort has happened in all 12 of the  
17 cases that you've provided expert testimony?

18 A Some form, yes.

19 Q Has any testimony you provided been  
20 successfully excluded in any of these 12 cases? 09:16:54

21 A No.

22 Q Okay. Did any of these cases involve  
23 prepubertal or adolescent transgender children?

24 A Not specific -- children, no.

25 Q Who did they involve in terms of transgender 09:17:13

1 individuals?

2 You spoke of two cases, correct, that focused  
3 on transgender people?

4 A Correct. My role was to summarize the  
5 science of those issues, not anything about a 09:17:27  
6 specific person.

7 Q Okay. In terms of summarizing the science,  
8 did the science that you provided testimony on focus  
9 on prepubertal or adolescent transgender children?

10 A It included that, but wasn't limited to 09:17:41  
11 prepubertal children.

12 Q Would you say that it was the focus of your  
13 testimony?

14 MR. BARHAM: Objection; form.

15 THE WITNESS: I wouldn't say focus, no. 09:17:51

16 BY COUNSEL SWAMINATHAN:

17 Q Have you ever testified regarding athletics?

18 A No.

19 Q Have you ever testified regarding transgender  
20 or gender-dysphoric athletes? 09:18:04

21 A No.

22 Q Have you ever testified regarding transgender  
23 adolescents who are participating in athletics?

24 MR. BARHAM: Objection; terminology.

25 THE WITNESS: Not as -- not specifically, but 09:18:20

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1 they would be included as part of my summarizing the  
2 science overall.

3 BY COUNSEL SWAMINATHAN:

4 Q And how would -- or how has your summary of  
5 the science focused on transgender -- transgender 09:18:29  
6 adolescents in athletics?

7 A I don't think I understand the question.

8 Q You said that your testimony or, you know,  
9 the -- the research that you have produced in  
10 connection with your testimony on the science may 09:18:45  
11 encompass transgender adolescents participating in  
12 athletics; is that correct?

13 A I --

14 MR. BARHAM: Objection; terminology.

15 THE WITNESS: I don't recall the subject of 09:18:58  
16 athletics being relevant to any of the prior cases,  
17 no.

18 BY COUNSEL SWAMINATHAN:

19 Q Okay. So my apologies, I must have  
20 misunderstood. 09:19:07

21 So you're saying that the science that you've  
22 provided testimony on may encompass matters related  
23 to transgender adolescents; is that right?

24 A The topic was broadly the science of  
25 transsexuality and everything within it. So it 09:19:18

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1        could include that, but it wasn't the topic relevant  
2        to any of those cases.

3 Q To your understanding, did it include that?  
4 Did your testimony focus on anything specific to  
5 transgender adolescents?

09:19:33

6	A No, it didn't.
---	------------------

7 Q Okay. And just to be sure --

8 MR. BARHAM: I'm sorry, I -- I think there  
9 may have been -- I -- I didn't catch the last word  
10 of your question, so could you kindly repeat that.

09:19:45

11 COUNSEL SWAMINATHAN: I apologize.

12 Court reporter, can you please repeat the  
13 question that I just posed to Dr. Cantor?

14	(Record read.)
----	----------------

15 COUNSEL SWAMINATHAN: Are you okay with that, 09:20:09  
16 Counsel?

17 THE WITNESS: It -- it included transgender  
18 adolescents, but not specifically athletes.

19 BY COUNSEL SWAMINATHAN:

20 Q Right. I understand. I -- I just want to 09:20:17  
21 make sure your counsel is okay, has understood the  
22 question.

23 MR. BARHAM: Thank you.

24 COUNSEL SWAMINATHAN: Great.

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1 BY COUNSEL SWAMINATHAN:

2 Q And, again, Dr. Cantor, you've not been  
3 retained as an expert witness in any other case that  
4 we haven't already talked about; right?

5 A Correct. 09:20:35

6 Q Great. Did you prepare for this deposition  
7 today?

8 A Yes, I did.

9 Q Without disclosing any communications you may  
10 have had with counsel, what did you do to prepare 09:20:47  
11 for today's deposition?

12 A Reread my notes, which I've been accumulating  
13 for many years, reread individual papers that were  
14 relevant and ensured that I was including anything  
15 new that came out since the last time I went through 09:21:05  
16 the literature.

17 Q So who provided you with the documents that  
18 you just mentioned?

19 I heard your own notes and then new articles  
20 that may have come out in the -- in the past few 09:21:18  
21 years on this literature.

22 And apologies, could you remind me what else  
23 you said you reviewed?

24 A It was my -- oh, and a scan of the literature  
25 to see if there was anything new. 09:21:31

1 Q And so was this all research that you  
2 independently conducted, or did anyone provide you  
3 with any of the materials that you reviewed?

4 A All me.

5 Q Did you meet with your defense counsel? 09:21:43

6 A We met in rehearsal for today, but not over  
7 the material -- of my research of the material.

8 Q Who are your attorneys, by the way?

9 A Who are my attorneys?

10 Q Who is your attorney today? Who is 09:22:07  
11 representing you in connection with this deposition?

12 A Just Travis.

13 Q Just Travis.

14 And so you said you've met with Travis once  
15 in preparation for this deposition; right? 09:22:18

16 A We met briefly yesterday, and then there was  
17 a meeting on Friday to rehearse today.

18 MR. TRYON: Counsel, I would also -- this is  
19 David Tryon. I will also note that I also represent  
20 Dr. Cantor in this deposition. 09:22:34

21 COUNSEL SWAMINATHAN: Great. Thank you,  
22 Mr. Tryon.

23 And did you meet with Dr. Cantor at all in  
24 preparation for this deposition?

25 MR. TRYON: I'm sorry, are you asking me that 09:22:48

1 question?

2 COUNSEL SWAMINATHAN: Yes.

3 MR. TRYON: I think you should direct your  
4 questions to Dr. Cantor.

5 BY COUNSEL SWAMINATHAN: 09:22:55

6 Q Dr. Cantor, did you meet with Mr. Tryon in  
7 preparation for this deposition?

8 A Yes. He was present, virtually, on Friday.

9 Q On Friday, but not yesterday?

10 A Correct. 09:23:02

11 Q So beyond the scan of research that you've  
12 done in preparation for this deposition, did you  
13 review any specific documents?

14 A Yes. The documents are noted in my report.

15 Q What were those documents? 09:23:17

16 A As best as I can recall, they were the  
17 declarations of Dr. Adkins, Jensen, Safer and the  
18 related rebuttals.

19 Q Did you review any documents beyond those  
20 that you just listed that are not cited in your 09:23:38  
21 expert report?

22 A No.

23 Q Did you conduct any additional research to  
24 prepare for this deposition beyond what you did for  
25 your expert report? 09:23:52

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1 A No.

2 Q Did you discuss this case with anyone other  
3 than your attorneys?

4 A No.

5 Q Did you bring anything with you today? 09:24:05

6 A A blank notepad, the aforementioned documents  
7 so I could refer to them on the way, and the details  
8 of the address to how to get here.

9 Q Did anyone get you a water bottle?

10 A And a water bottle. 09:24:23

11 Q Great. I'm glad you have that.

12 Okay. So if you could please go into the  
13 "Marked Exhibits" folder, I'm going to introduce  
14 tab 2, which is a document that has been marked as  
15 Exhibit 45 -- 44, apologies. 09:24:37

16 (Exhibit 44 was marked for identification  
17 by the court reporter and is attached hereto.)

18 MR. BARHAM: Counsel, I'm in the "Marked  
19 Exhibits" folder, and I'm not seeing this document.

20 COUNSEL SWAMINATHAN: Apologies, my -- 09:24:52  
21 I'll -- I'll let you know when -- when it's in  
22 there, and then you might need to give the -- the  
23 page a little bit of a refresh. It's -- it takes a  
24 moment to load.

25 Counsel, are you able to see the document and 09:25:35

1 is the witness able to see the document now?

2 MR. BARHAM: Yes.

3 COUNSEL SWAMINATHAN: Great.

4 BY COUNSEL SWAMINATHAN:

5 Q Dr. Cantor, why don't you take a moment to 09:25:46  
6 review what the document is.

7 A I'm sorry, this is a 100-page document?

8 Q Take a look at the first few pages to get  
9 your understanding of what it is.

10 So have you seen this document before? 09:26:15

11 A Yes. This is my -- the report I prepared for  
12 today.

13 Q Did you author this document?

14 A Yes, I did.

15 Q Did anyone else help you draft this document? 09:26:27

16 A No.

17 Q When was this document created?

18 A Both -- primarily, over the course of the  
19 last two years or so.

20 Q Is there an execution date on the document? 09:26:48

21 I believe it might be on page 2.

22 A I see a date on page 46, 31 March 2021.

23 Q On page 6, you said?

24 A 36 (sic), I think that was.

25 And the date of execution is 22 June 2021. 09:27:14

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1 Q Great. Thank you so much.

2 And, Dr. Cantor, why was this document  
3 created?

4 A In preparation for today, that was the  
5 request put to me from the attorneys of West 09:27:26  
6 Virginia.

7 Q Thank you.

8 And if you could please go into the "Marked  
9 Exhibits" folder, I'd like you -- I'd like to  
10 introduce tab 1, which has been marked as 09:27:38  
11 Exhibit 45.

12 (Exhibit 45 was marked for identification  
13 by the court reporter and is attached hereto.)

14 COUNSEL SWAMINATHAN: Counsel and Dr. Cantor,  
15 let me know when you're able to -- to see that 09:28:06  
16 document.

17 BY COUNSEL SWAMINATHAN:

18 Q Do you have it up in front of you?

19 A Yes, I do.

20 Q Great. Have you seen this document before? 09:28:31

21 A Yes, I have.

22 Q What is it?

23 A This is the report I prepared for today.

24 Q Did you author this document?

25 A Yes, I did. 09:28:44

1 Q Did anyone else help you draft this document?

2 MR. BARHAM: Counsel, I'm going to

3 interrupt -- interrupt you because I'm confused

4 why -- how this document differs from the prior one

5 that we just reviewed.

09:29:01

6 COUNSEL SWAMINATHAN: So my understanding is

7 that this is Dr. Cantor's report executed on

8 February 23rd, 2022, and the prior document was

9 Dr. Cantor's expert report submitted in

10 conjunction -- in connection with the preliminary

09:29:20

11 injunction motion, dated June 22nd, 2021.

12 MR. BARHAM: Thank you.

13 BY COUNSEL SWAMINATHAN:

14 Q So, Dr. Cantor, when was this document

15 created?

09:29:34

16 A This was executed on February 23, 2022.

17 Q And why was this document created?

18 A In preparation for today, at the request of

19 the attorneys.

20 Q Great. And if you can, can you please turn

09:29:51

21 to page 69 of this PDF. Apologies for the long

22 scroll.

23 So what you should see on page 69 is the

24 start of Appendix 1 to your expert report.

25 A Yes.

09:30:46

1 Q Are you there?

2 Have you seen --

3 A Yes.

4 Q -- this document before?

5 A Yes, I have. 09:30:50

6 Q What is it?

7 A That's my CV.

8 Q And did you author this document?

9 A Yes, I did.

10 Q Did anyone assist you in authoring this 09:30:56  
11 document?

12 A No.

13 Q When was it created?

14 A It's been accumulating over the course of my  
15 career. 09:31:07

16 Q And is there anything in this copy of your CV  
17 that needs to be updated or corrected?

18 A One second.

19 Q Yeah, please take a moment to review. I  
20 believe there are 32 pages. You've done a lot over 09:31:21  
21 the course of your career.

22 A Nothing to add. It's current.

23 Q Great. So I want to talk to you a bit about  
24 your education history.

25 So, Dr. Cantor, where did you complete your 09:31:52

1 undergraduate education?

2 A Rensselaer Polytechnic Institute.

3 Q It's commonly known as RPI; right?

4 A Yes, it is.

5 Q Did you enjoy your time at RPI? 09:32:07

6 A Yes.

7 Q What did you study?

8 A Interdisciplinary science, with  
9 concentrations in computer science, mathematics and  
10 physics. 09:32:18

11 Q And so my next set of questions pertain just  
12 to your undergraduate education at RPI.

13 As a part of your formal education for your  
14 undergraduate degree, did you ever take any courses  
15 focused on child psychology? 09:32:33

16 A As an undergraduate, no.

17 Q As an undergraduate.

18 A No.

19 Q How about adolescent psychology?

20 A No. 09:32:42

21 Q Did you conduct any research on those  
22 subjects?

23 A No.

24 Q As a part of your formal education for your  
25 undergraduate degree, did you ever take any courses 09:32:56

1 regarding transgender or gender-dysphoric people?

2 A No.

3 Q Did you ever conduct any research concerning  
4 transgender or gender-dysphoric people?

5 A No. 09:33:09

6 Q Did you have any other educational training  
7 related to transgender or gender-dysphoric people at  
8 RPI?

9 A No.

10 Q Okay. What did you study next? 09:33:18

11 A After that, I did start studying psychology  
12 at the graduate level.

13 Q And where did you complete -- I see here a  
14 Master's of Arts; correct?

15 A Correct. 09:33:33

16 Q Where did you complete your Master's of Arts?

17 A Boston University.

18 Q And so I believe you said you studied  
19 psychology; is that correct?

20 A Correct. 09:33:47

21 Q So apologies for my naivety here, but as you  
22 were getting your Master's of Arts, would that be a  
23 major in psychology or a psychology focus?

24 A At the graduate level, there are no majors.

25 The degree is in that subject matter specifically. 09:33:59

1 So it would be a Master of Arts in psychology.

2 Q I appreciate that clarification. Thank you.

3 When did you graduate?

4 A 1992.

5 Q And so my next set of questions are going to 09:34:18  
6 pertain solely to your Master's education.

7 So as part of your formal education for your  
8 Master's of Arts, did you ever take any courses  
9 focused on child psychology?

10 A Yes. 09:34:31

11 Q Can you describe those courses to me?

12 A The course specifically was in cognitive  
13 development and testing.

14 Q And how about adolescent psychology?

15 A It was blended in. 09:34:45

16 Q Okay. And so beyond this one course in  
17 cognitive development, were there any other courses  
18 focused on child or adolescent psychology?

19 A Not focused on them, no.

20 Q Okay. Did you conduct any research on those 09:34:58  
21 subjects, specifically speaking about child and  
22 adolescent psychology?

23 A No.

24 Q As a part of your formal education for your  
25 Master's of Arts, did you ever take any courses 09:35:15



1 regarding transgender or gender-dysphoric people?

2 A No.

3 Q Did you ever conduct any research concerning  
4 transgender or gender-dysphoric people?

5 A No. 09:35:30

6 Q And so what did you study next after your  
7 time at Boston University?

8 A I worked for several years as a research  
9 assistant in neuropsychology and then began my  
10 doctoral studies in psychology. 09:35:50

11 Q So how long were you a research assistant in  
12 neuropsychology?

13 A About three years.

14 Q So you took a three-year gap between pursuing  
15 your doctorate degree, after completing your 09:36:02  
16 Master's of Arts?

17 A Roughly, yes.

18 Q And where did you spend those three years as  
19 a research assistant?

20 A I remained in Boston -- remained in Boston -- 09:36:12  
21 remained in Boston.

22 COUNSEL SWAMINATHAN: I apologize. Did  
23 anyone else hear that a few times or --

24 BY COUNSEL SWAMINATHAN:

25 Q Are you able to hear me clearly, Dr. Cantor? 09:36:25

1 A I think so.

2 Q Okay. Cool. Great. Thank you.

3 And so where -- where in Boston did you  
4 complete that research assistant three-year  
5 position?

09:36:36

6 A It was the -- it's listed on my CV. I don't  
7 immediately recall the formal name of the hospital.

8 Q Okay. Would it be the Queen Elizabeth  
9 Hospital?

10 A No.

09:36:52

11 Q No?

12 A It was the Boston VA, part of their  
13 Memory Disorders Research Center, which predates  
14 when I began recording my jobs on my CV.

15 Q Okay. So that -- that job is --

09:37:19

16 (Simultaneous speaking.)

17 A Correct. It was -- it was at the Boston VA,  
18 which has a formal name that I don't recall, and I  
19 was in the Memory Disorders Research Center.

20 Q Great. And just for -- for my clarity, it is  
21 not listed on your CV; correct?

09:37:32

22 A Correct.

23 Q Okay. And so you said you -- after you  
24 finished your research assistant in neuropsychology,  
25 three-year experience, you went on to get your

09:37:47

1       doctorate degree; is that right?

2           A     Yes.

3           Q     Again, apologies if I botch the -- the  
4       language here, but what did you focus on as a part  
5       of your doctorate degree?

09:38:03

6           A     Clinical psychology.

7           Q     Clinical psychology.

8                 And where did you complete your doctorate  
9       degree?

10          A     McGill University.

09:38:12

11          Q     So, again, my next set of questions pertain  
12       solely to your time at McGill.

13                 So as part of your formal education for your  
14       doctorate degree in clinical psychology, did you  
15       ever take any courses focused on child psychology?

09:38:28

16          A     Not courses focused on it, no. The design of  
17       the program at McGill often blended child,  
18       adolescent and adult psychology together.

19          Q     I see. Can you describe that a bit more?

20          A     For example, in learning to do testing, one  
21       would be trained both in the standard intelligence  
22       test for adults as well as the standard intelligence  
23       test for children.

09:38:50

24          Q     Thank you. I appreciate that.

25                 And so, you know, my question pertaining to

09:39:06

1 adolescent psychology, it's your understanding that  
2 the courses were a blend of child, adolescent and  
3 adult psychology; correct?

4 A Many of them, yes.

5 Q Many of them. 09:39:17

6 And you have never specifically taken a  
7 course that focused solely on adolescent psychology  
8 at McGill; right?

9 A Correct.

10 Q Okay. Did you, as a part of your normal 09:39:28  
11 education, ever take any courses regarding  
12 transgender or gender-dysphoric people at McGill?

13 A Not any courses focused on it, but there were  
14 courses focused on human sexuality, which, of  
15 course, included transsexuality. 09:39:50

16 Q Can you describe that a bit more? Why would  
17 your course on human sexuality include  
18 transsexuality?

19 A Why would it include?

20 Q Let me rephrase it. How did it include? 09:40:00

21 A By summarizing the existing research at the  
22 time and what was thought in the field at the time.

23 Q And how many courses would you say you took  
24 that focused on human sexuality?

25 MR. BARHAM: Objection; terminology. 09:40:18

1 MR. TRYON: Objection. Dave Tryon speaking.

2 THE WITNESS: The organization -- the  
3 organization of a doctoral program wasn't around  
4 courses at all. The primary focus of -- at the  
5 doctoral level is on performing research, learning 09:40:38  
6 how to perform research and proper research  
7 methodology in whatever field the student is  
8 pursuing.

9 In my case, that was sexuality. So  
10 everything I did at the doctoral level was one way 09:40:49  
11 or another targeted towards sexuality, even though  
12 there were -- even if not as part of the formal  
13 course.

14 BY COUNSEL SWAMINATHAN:

15 Q That is very helpful. I obviously do not 09:41:01  
16 have a doctorate degree, so that's a helpful  
17 explanation for me to understand how the program is  
18 structured.

19 So let me ask another question.

20 How much of your research, in your study of 09:41:13  
21 sexuality, concerned transgender and  
22 gender-dysphoric people in particular?

23 MR. BARHAM: Objection; terminology.

24 You can answer, if you can.

25 THE WITNESS: It's a little hard to estimate. 09:41:34

1 Roughly 10 to 20 percent was specifically on  
2 trans-related issues, and in others, because trans  
3 populations were -- were included one way or  
4 another, there was a little bit of all of them.

5 BY COUNSEL SWAMINATHAN:

09:41:52

6 Q And what was the nature of that research,  
7 typically, in the 10 to 20 percent that you had just  
8 mentioned?

9 A Primarily brain development, cognitive  
10 development, and I'm also called upon, very  
11 frequently, to consult in the statistics and how to  
12 analyze existing data.

09:42:04

13 Q Okay. Did you have any other educational  
14 training at the doctorate level related to  
15 transgender people?

09:42:21

16 A What do you mean, educational training?

17 Q Beyond the independent research that you  
18 conducted or the research that you conducted with  
19 supervision at McGill, did you have any other  
20 educational training, such as a practicum, related  
21 to transgender people?

09:42:34

22 MR. TRYON: Objection; form of the -- form of  
23 the question.

24 THE WITNESS: Not practicum related  
25 specifically to transgender people, but I did

09:42:50

1 practicum related to human sexuality, which  
2 necessarily included transgender people.

3 BY COUNSEL SWAMINATHAN:

4 Q Can you describe that practicum?

5 A I was seeing patients for -- mostly for 09:43:05  
6 one-on-one therapy, regardless of the issue that  
7 they came in with. That can be anything from sexual  
8 dysfunctions, curiosities about their own sexual  
9 interests, and dysphoric transgender issues.

10 Q Got it. And you said you were seeing 09:43:20  
11 patients. How old were these patients, typically?

12 A Young adults and up.

13 Q And what do you understand "young adults" to  
14 mean, in terms of an age?

15 A Late teens. 09:43:34

16 Q So late teens and onward you would --

17 A Yes.

18 Q Okay. About how many patients do you think  
19 you've seen during your time at McGill in -- in  
20 these practica that you just spoke about? 09:43:52

21 A Roughly 30.

22 Q Okay. Thank you.

23 And so what did you do after obtaining your  
24 doctorate degree?

25 A I continued as a postdoctoral researcher at 09:44:07

1 the University of Toronto and at the Centre for  
2 Addiction and Mental Health.

3 Q Is it okay with you if I refer to the  
4 Centre for Addiction and Mental Health, as CAMH?

5 A Yes. 09:44:26

6 Q Is it commonly known as CAMH, or am I --

7 A Usually they pronounce it CAMH.

8 Q CAMH. I will do the same.

9 COUNSEL SWAMINATHAN: And, Court Reporter,  
10 that is C-A-M-H when I refer to "CAMH." 09:44:38

11 BY COUNSEL SWAMINATHAN:

12 Q Okay. Can you describe your fellowship  
13 experience at CAMH?

14 A I started at -- there was an overlap year  
15 between the doctoral studies and my postdoctoral 09:44:50  
16 studies. The final year of a Ph.D. is an internship  
17 program, which is very much like an advanced  
18 practicum program.

19 Within the internship, I was half-time of the  
20 entire year in their Gender Identity Clinic and 09:45:05  
21 half-time for a full year in their Sexual Behaviours  
22 Clinic, which worked primarily with sexual  
23 offenders. I continued that work and continued the  
24 related research then for the seven years after  
25 receiving my doctorate, staying at the same 09:45:24



1 institution.

2 The -- the projects themselves were primarily  
3 focussed on brain function and development of each  
4 of the sexual issues.

5 Q Got it. And so you said during your 09:45:34  
6 internship period you had a position with the  
7 Gender Identity Clinic and then separately the  
8 Sexual Behaviours Clinic; is that correct?

9 A Yes.

10 Q What responsibilities did you have during 09:45:46  
11 your time in those clinics?

12 A I was conducting one-on-one therapy with  
13 individual people, pursuing or wondering if they  
14 should pursue medical transition, group therapy of  
15 people just living their lives as trans people and 09:46:06  
16 requiring support, and among the sexual -- in the  
17 SBC, in the Sexual Behaviours Clinic, with the sex  
18 offenders, it was rehabilitation.

19 Q And what qualified you to provide the  
20 one-on-one therapy that you just spoke about for 09:46:25  
21 individuals pursuing medical transition and group  
22 therapy? Was there any additional certificate or  
23 training that you needed in order to provide this  
24 therapy?

25 A The training of those issues was -- for those 09:46:39

1 issues is -- it's a lot of reading and then  
2 one-on-one study with other experts who are  
3 extremely experienced with -- with trans issues. I  
4 studied under Ray Blanchard at CAMH.

5 Q Did you study under anyone else besides 09:47:03  
6 Ray Blanchard?

7 A There were other instructors. He ran the  
8 lab. The other primary input to my education was a  
9 trans clin- -- she herself was a trans clinician,  
10 Maxine Petersen. 09:47:24

11 Q And so did either Ray Blanchard or  
12 Maxine Petersen serve as a supervisor to you in each  
13 of those positions?

14 A Yes. Both of them.

15 Q Okay. Did you have anyone to supervise under 09:47:35  
16 you in those positions at the Gender Identity Clinic  
17 and the Sexual Behaviours Clinic?

18 A Not while I was an intern or -- not while I  
19 was an intern and not while I was a postdoc.

20 Q What did you do next, after interning at 09:47:58  
21 those clinics?

22 A After the internship and I received my  
23 doctorate, then I was appointed as a postdoctoral  
24 fellow at CAMH.

25 Q So my next set of questions pertain to your 09:48:08

1 fellowship.

2 So as a part of your fellowship, did your  
3 work focus on child psychology?

4 A Did my focus -- it didn't focus on child  
5 psychology, no. 09:48:25

6 Q And apologies, can we go back one minute  
7 to -- you -- you had stated that you provided  
8 one-on-one therapy to individuals pursuing medical  
9 transition/group therapy.

10 What was the average age of those patients 09:48:37  
11 that you provided the one-on-one therapy to?

12 A Average age?

13 Q Yeah.

14 A Early 40s.

15 Q What do you think was the youngest age of the 09:48:51  
16 patient, to your recollection? I understand it was  
17 a bit of time ago.

18 A Youngest would have been late teens, early  
19 20s.

20 Q Okay. Great. And, sorry, back to your 09:49:03  
21 fellowship. We just spoke about child psychology,  
22 and you mentioned that it did not focus on child  
23 psychology; correct?

24 A Correct.

25 Q How about adolescent psychology? 09:49:15

1           A    Again, it didn't focus on adolescent  
2   psychology, but most of the assessments that we were  
3   doing and the research we were doing was entire  
4   lifespan.  So, of course, childhood and adolescence  
5   is a predominant part of that, but not the focus of       09:49:34  
6   it.

7           Q    I see.  And so, again, you'll have to educate  
8   me a bit, but as a part of your postdoctoral  
9   fellowship, do you take any courses?

10          A    No.   09:49:48

11          Q    No?  It's --

12          A    Oh, I should take that back.  There are no  
13   courses built into the program itself, but I often  
14   opted to take extra courses just to fill in extra  
15   material that I needed, such as in neuroscience or       09:49:59  
16   similar advanced statistics.

17          Q    So beyond neuroscience, what other courses  
18   did you elect to take during your postdoctoral  
19   fellowship?

20          A    Just those two deals, neuroscience and       09:50:12  
21   statistics.

22          Q    And statistics.  Okay.

23                   And were those, like, online courses, or were  
24   they courses offered through CAMH?

25          A    They were courses through the Univer- --       09:50:22

1 through the University of Toronto. CAMH is a  
2 teaching hospital of the University of Toronto.

3 Q Great. And so, as part of your fellowship,  
4 did any of your work focus on transgender or  
5 gender-dysphoric adults? 09:50:38

6 A Not at that time, no.

7 Q What about transgender or gender-dysphoric  
8 adolescents?

9 A Not at that time, no.

10 Q Okay. Have you completed any other studies? 09:50:57

11 A Altogether, I -- oh, when you say "studies,"  
12 you don't mean published studies; you mean --

13 Q Right. Educational pursuits of degrees and  
14 things like that.

15 A No. That's my full formal education. 09:51:14

16 Q And I don't mean to say that you haven't done  
17 so much already. I just wanted to make sure that  
18 we've covered all of the bases.

19 And what is your current occupation right  
20 now? 09:51:26

21 A I'm in private practice as a clinical  
22 psychologist.

23 Q And where do you conduct your private  
24 practice?

25 A In Toronto. 09:51:35

1 Q In Toronto. Okay.

2 So I see on page 1 and 2 of your CV, which  
3 hopefully you still have in front of you, you list  
4 your employment history. I would love to walk  
5 through your employment history, but if it's okay  
6 with you, in chronological order. So if we can turn  
7 to page 2.

09:51:54

8 A Yes.

9 Q I see that you completed predoctoral  
10 practicum at the Queen Elizabeth Hospital in  
11 Montreal, Canada; is that correct?

09:52:07

12 A Yes.

13 Q And that was in the department of psychiatry?

14 A Yes.

15 Q And you were there from May 1994 to  
16 December 1994; is that correct?

09:52:16

17 A Yes.

18 Q What was your title in this position?

19 A They used a French word that I don't

20 remember. A "stagiaire." A -- a local Montreal,  
21 Quebec, term. The best English translation would be  
22 trainee in psychology.

09:52:37

23 Q Do you speak French?

24 A No, I don't.

25 Q Trainee. Okay. Great.

09:52:51

1 Can you tell me a bit about your work in this  
2 position?

3 A My focus then was general psychotherapy with  
4 outpatients who would typically come in to that  
5 clinic with a series of disorders, mainly 09:53:08  
6 depressions and anxieties.

7 Q And did you work in this position focus on  
8 children?

9 A No.

10 Q What about adolescents? 09:53:17

11 A Didn't focus on them, no.

12 Q No. So you predominantly worked with adults  
13 who came in with depression and anxiety disorders?

14 A Correct.

15 Q Okay. And then I see that you completed a 09:53:31  
16 predoctoral practicum at the Royal Victoria Hospital  
17 in Montreal; is that right?

18 A Yes.

19 Q And this was in the sex and couples therapy  
20 unit? 09:53:45

21 A That's correct.

22 Q And you were there for a little under four  
23 years. It says September 1993 to June 1997; is that  
24 right?

25 A Correct. I continued seeing clients there 09:53:55

1 over the course of my doctoral studies.

2 Q Got it. Okay.

3 So can you tell me about your work in this  
4 position and whether you had a similar French title  
5 there?

09:54:07

6 What -- what was your title?

7 A My -- I don't remember -- I don't remember my  
8 title.

9 Q Okay. No problem.

10 A It was in English. It's an English-speaking  
11 hospital. My functions there were sex therapy and  
12 couples therapy, the full range of sexual disorders  
13 and the range of issues that -- that interfere with  
14 romantic relationships.

09:54:19

15 Q Got it. So did the majority of your work in  
16 this position focus on adults?

09:54:34

17 A Yes.

18 Q Okay. And in this position, did you conduct  
19 any research or, you know, have any, like, work  
20 experience in the field of transgender or  
21 gender-dysphoric people?

09:54:49

22 A Not specific to them, no.

23 Q Okay. And then I see that you were a  
24 teaching assistant at McGill in the Department of  
25 Psychology; is that right?

09:55:05



1 A Yes.

2 Q And was this during your doctorate degree as  
3 well?

4 A Yes.

5 Q Okay. And so that was from September 1993 to 09:55:13  
6 May 1998 --

7 A Yes.

8 Q -- is that right?

9 Okay. Who were you a teaching assistant for?  
10 Was it for a professor, or were you a general 09:55:25  
11 teaching assistant for the program?

12 A Two different professors. One was  
13 Rhonda Amsel for statistics courses, and the other  
14 was Irv Binik for sexuality courses.

15 Q Can you repeat the name of the professor who 09:55:41  
16 focused on sexuality courses?

17 A Irv, I-r-v, Binik, B-i-n-i-k.

18 Q And so what courses within sexuality did  
19 Irv Binik teach?

20 A The name of the course itself was 09:55:58  
21 Human Sexuality.

22 Q It was called Human Sexuality. Okay.

23 And has he taught any other courses at  
24 McGill, to your knowledge, or during the time that  
25 you were there? 09:56:07

1           A    I think that's the only course he taught  
2           while I was there, yes.

3           Q    So in your role as a teaching assistant, were  
4           you required to conduct any research on transgender  
5           or gender-dysphoric people? 09:56:28

6           A    As a part of that course, no.

7           Q    As a part of that course. No?

8           A    Correct. Not as part of that course.

9           Q    Okay. And then you went on to work as a  
10          clinical psychology intern, as we spoke about, at 09:56:45  
11          CAMH; right?

12          A    Correct.

13          MR. BARHAM: Counsel, we've been going about  
14          an hour. Would this be a natural time for a  
15          five-minute break? 09:56:55

16          COUNSEL SWAMINATHAN: Absolutely. Let's take  
17          a break, and we can come back at 10:05, if that  
18          works.

19          Do you want to take a seven-minute break?

20          MR. BARHAM: Sure. That sounds good. 09:57:05

21          COUNSEL SWAMINATHAN: Okay. We can go off  
22          the record.

23          THE VIDEOGRAPHER: Yes, we are going off the  
24          record at 9:57 a.m., and this is the end of Media  
25          Unit No. 1. 09:57:12

1 (Recess.)

2 THE VIDEOGRAPHER: All right. We are back on  
3 the record at 10:08 a.m., and this is the beginning  
4 of Media Unit No. 2.

5 Go ahead, please. 10:08:34

6 BY COUNSEL SWAMINATHAN:

7 Q Okay. Dr. Cantor, before the break, you  
8 testified that you had studied under two  
9 individuals, Blanchard and Petersen; is that  
10 correct? 10:08:46

11 A Yes.

12 Q And that's Ray Blanchard and Maxine Petersen;  
13 right?

14 A Yes.

15 Q And you mentioned that they are extremely 10:08:56  
16 knowledgeable on issues of transgender identities  
17 and gender-dysphoric people; right?

18 A Yes.

19 Q And their focus is -- they -- they focus on  
20 adults who identify as transgender or who suffer 10:09:14  
21 from gender dysphoria; right?

22 A Their writings and their careers have spanned  
23 the entire lifespan, but most of their work was with  
24 adults.

25 Q Adults. Okay. 10:09:31

1 And so we spoke about your time at the -- at  
2 CAMH as a clinical psychology intern, but then you  
3 moved to the law and mental health program, is that  
4 correct, at CAMH?

5 A The Sexual Behaviours Clinic is part of the 10:09:49  
6 law and mental health program.

7 Q Oh, okay. So let me ask it a different way.  
8 What did you do after you were a clinical  
9 psychology intern at CAMH?

10 A After I was an intern was when I started my 10:10:02  
11 postdoctoral -- postdoctoral studies.

12 Q And so this is when you were a psychologist  
13 within the law and mental health program?

14 A Yes.

15 Q Okay. Can you tell me about your work in 10:10:16  
16 that position?

17 A That's when I began my brain-based research  
18 on the development of atypical human sexualities.

19 Q And did your work in this position focus on  
20 child psychology? 10:10:37

21 A It's a little hard to say. What I was  
22 researching on was brain development, which begins  
23 at conception, continues, of course, quite  
24 dramatically over the course of gestation, continues  
25 to develop over the course of childhood and 10:10:56

1 adolescence and ends in adulthood.

2 Q Got it. So this brain development research  
3 that you did, did you focus only on brain  
4 development as it relates to atypical sexualities?

5 A Although the questions I was asking were 10:11:12  
6 about human sexuality, I simultaneously needed to  
7 account for all of the other possible things that  
8 were going on in the brain; and so, therefore, they  
9 became related, even though those weren't the topics  
10 of my specific efforts. 10:11:35

11 Q Your work in this position didn't focus on  
12 children and adolescents with gender dysphoria;  
13 right?

14 A It's a little tough to say. It's tough to  
15 say. Everything I look at in a brain scan is an 10:11:54  
16 accumulation of everything that happens over life,  
17 very much of which happens in childhood and before  
18 childhood. So I was looking at the effects in the  
19 brain of everything that happened over childhood  
20 accumulated -- accumulating, but I wasn't looking 10:12:10  
21 during childhood.

22 Q It's fair to say that it didn't focus on  
23 child (sic) and adolescents with gender dysphoria;  
24 right?

25 MR. BARHAM: Objection; terminology. 10:12:25

1 THE WITNESS: It depends on what one means by  
2 "focus."

3 BY COUNSEL SWAMINATHAN:

4 Q You didn't work with children and adolescents  
5 with gender dysphoria in this position directly, did 10:12:33  
6 you?

7 A Not while they were children and adolescents,  
8 no.

9 Q Okay. Did you conduct research specifically  
10 related to children and adolescents with gender 10:12:46  
11 dysphoria, or did you focus more holistically on  
12 brain development from birth to adulthood?

13 MR. TRYON: Objection; form.

14 THE WITNESS: I didn't -- my research  
15 subjects, while they were research subjects, were no 10:13:06  
16 longer children, but we would often focus on events  
17 that happened during childhood and adolescence.

18 BY COUNSEL SWAMINATHAN

19 Q I see. So what approximate -- or age -- or  
20 what was the average age of the research subjects 10:13:19  
21 that you worked with?

22 A The research subjects then ran the -- the  
23 gamut from 18 to simulating.

24 Q Okay. And, again, this research was related  
25 to brain development as connected to atypical 10:13:40

1 sexualities, right, the research you --

2 A Yes.

3 Q -- you just mentioned?

4 Okay. Thank you.

5 And then you went on to be the research 10:13:49  
6 section head at CAMH; right?

7 A Correct.

8 Q And you were the section head from  
9 December 2009 to September 2012; right?

10 A Correct. 10:14:03

11 Q Great. What was your title beyond research  
12 section head in this position? Did you hold any  
13 other titles?

14 A Psychologist.

15 Q Psychologist. Okay. 10:14:15

16 Can you tell me about your work in this  
17 position?

18 Mainly what I'm trying to understand is how  
19 much of your practice was research versus clinical  
20 psychology. 10:14:30

21 A It's -- it's tough to pull them apart at that  
22 level. I was simultaneously doing frontline  
23 clinical work but also systematically recording the  
24 results of that work, those of my colleagues, those  
25 of my then-students in order to analyze patterns in 10:14:47

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1 the data of what everybody was seeing.

2 So what was done for research purposes was  
3 also done for clinical purposes and vice versa.

4 Q I see. And so during your time as research  
5 section head, did any of your research involve, 10:15:04  
6 specifically, gender dysphoria or transgender  
7 medicine?

8 MR. BARHAM: Objection; form.

9 THE WITNESS: I would hesitate -- it didn't  
10 focus, but was repeatedly included. In order to do 10:15:25  
11 any of the -- or in order to do research on any of  
12 these topics, because they interrelate, we also --  
13 at least indirectly, also include the other atypical  
14 sexualities.

15 BY COUNSEL SWAMINATHAN: 10:15:39

16 Q I see. So what was your work primarily  
17 focused on, though, during your time as research  
18 section head?

19 A My work, as I said, was primarily focused on  
20 how atypical sexualities develop. 10:15:52

21 Q And in your understanding, how do they  
22 develop?

23 A Well, that could be any atypical sexuality.  
24 Some -- those include pedophilia, other paraphilias,  
25 transsexuality, people who call themselves 10:16:08



1 hypersexual.

2 I also participated in research and the  
3 development of what I'll call ordinary -- the  
4 development of sexual orientation.

5 Q So would you say that your work was primarily 10:16:19  
6 focused on pedophilia and hypersexuality?

7 MR. TRYON: Objection; form.

8 THE WITNESS: Primarily, sure.

9 BY COUNSEL SWAMINATHAN:

10 Q And then you went on to become the head of 10:16:35  
11 research at the Sexual Behaviours Clinic; right?

12 A Yes.

13 Q And that was from November 2010 to  
14 April 2014; correct?

15 A Yes. 10:16:49

16 Q And you were still at CAMH?

17 A Yes.

18 Q Great. So can you tell me about your work in  
19 this position?

20 A Only my position title changed. 10:17:03

21 Q So your work remained the same, but you were  
22 promoted to head of research?

23 A Correct.

24 Q What is the difference between research  
25 section head and head of research? 10:17:16

1           A    There isn't one.  There was a reorganization  
2           of the departments.  The titles in the department  
3           were realigned to match those in other departments.

4           Q    I see.  Thank you.

5                   And so in this position, as you continued on,       10:17:33  
6           am I correct to say that your work still focused  
7           primarily on pedophilia, hypersexuality and your  
8           work with sex offenders?  Is that correct?

9           A    Yes.

10           Q    Okay.  And did your work, in terms of the       10:17:49  
11           patients you saw, at all focus on children and  
12           adolescents?

13                   MR. BARHAM:  Objection; form.

14                   THE WITNESS:  Not --

15                   MR. TRYON:  Objection.                               10:18:06

16                   THE WITNESS:  Not while they were children  
17           and adolescents, but very many of the issues that we  
18           were dealing with were issues that occurred during  
19           childhood and adolescence.

20           BY COUNSEL SWAMINATHAN:                               10:18:11

21           Q    I see.  But the patients themselves, at the  
22           time you saw them, were not children or adolescents;  
23           right?

24           A    Correct.

25           Q    Got it.  And then you were a senior scientist       10:18:20

1 as a part of the complex mental illness program;  
2 right?

3 A Correct.

4 Q And that was from January 2012 to May 2018?

5 A Correct. 10:18:42

6 Q What was your responsibility or, you know,  
7 what were you duties under the title of senior  
8 scientist?

9 A The duties were the same as before, but,  
10 again, in the administrative structure of the 10:18:53  
11 hospital, one often had dual titles.

12 Q I see. So when you adopted the title of  
13 senior scientist, you were still the head of  
14 research; is that correct?

15 A Yes. 10:19:09

16 Q So why did they give you this additional  
17 title?

18 A That was a higher rank than psychologist.

19 Q I see. And did your roles change at all from  
20 head of research to then adopting this dual role as 10:19:23  
21 senior scientist and head of research?

22 A No. My functions were the same.

23 Q Did you have a change in supervision at all?

24 A I'm not sure what you mean.

25 Whom I was supervising or whom I was 10:19:41

1 supervised by?

2 Q Apologies. Was who you reported to in your  
3 prior role as head of research still the same person  
4 or group of people you reported to as senior  
5 scientist? 10:19:54

6 A Yes.

7 Q Who were those individuals?

8 A Oh, I don't recall his name. He was the head  
9 of the law and mental health program.

10 Q So the head of the law and mental health 10:20:12  
11 program in the 2012 to 2018 timeframe. Is that fair  
12 to say?

13 A Yes.

14 Q And I take it from your slight  
15 misunderstanding of my prior question that you have 10:20:29  
16 supervised people in those positions as well; right?

17 A Yes.

18 Q And so when you were a senior scientist, who  
19 did you supervise in that position?

20 A Students whom I was training at the time. 10:20:41

21 Q And so these are students of the University  
22 of Toronto?

23 A No. They were usually students really coming  
24 to CAMH from all over the world for their  
25 internships and their training. 10:21:02

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1 Q I see. Okay.

2 And so at any given time, how many students  
3 would you say, on average, you supervise?

4 A Three to five.

5 Q Okay. And what kind of work were those 10:21:13  
6 students typically engaging in when they were under  
7 your supervision?

8 A A lot of the cognitive testing and treatment  
9 with people with atypical sexualities.

10 Q And what did -- what did their assignments 10:21:27  
11 look like? What -- what did they work on, when you  
12 say that they focused on cognitive treatment and  
13 atypical sexualities?

14 A There was a great deal of -- of testing. Our  
15 object was to try to record, objectively, what other 10:21:45  
16 clinicians were perceiving subjectively.

17 Q And how did you do that? How did you -- how  
18 did your clinic test objectively?

19 A Sometimes through document checks. Sometimes  
20 through formal testing, using standardized 10:22:03  
21 instruments.

22 Q Okay. And so in your position as senior  
23 scientist and, you know, under -- while you were  
24 supervising these CAMH interns, did you ever work  
25 directly with children or adolescents with gender 10:22:21

1 dysphoria?

2 A Directly, no.

3 Q Did your testing ever involve issues  
4 pertaining to child or adolescent psychology?

5 A Issues pertaining to, yes. 10:22:39

6 Q What would you describe those issues as?

7 A Events occurring during those periods of  
8 life.

9 Q And how would you obtain data on those  
10 events? 10:22:52

11 A Sometimes through interview with the patient.  
12 Sometimes through review of documents.

13 Q Got it. And so when you say you've  
14 interviewed the patients, you're interviewing them  
15 as adults, and they're recounting their childhood 10:23:05  
16 experiences; correct?

17 A Yes.

18 Q And when you say "records," who provides you  
19 with the medical records of these patients?

20 A Typically, they were provided by a court, 10:23:18  
21 parole or probation officers or the patients'  
22 lawyers.

23 Q I see. Okay. So how -- how do these  
24 patients come to you? How do you -- or a better  
25 question is, how do you find these patients that you 10:23:34

1 work with?

2 A Well, I didn't really find them at all.

3 Typically, these would be assigned to the hospital,

4 and then the hospital would get them to the

5 appropriate clinic, and then I saw everybody who 10:23:48

6 came to that clinic, or I was ultimately responsible

7 for the research going on with everybody in that

8 clinic.

9 Q I see. So how -- or why would these patients

10 be referred to your hospital? 10:24:00

11 MR. TRYON: Objection.

12 THE WITNESS: Either through --

13 MR. BARHAM: Objection as to form.

14 THE WITNESS: Typically, they were -- they

15 had committed a sexual offense and served their 10:24:11

16 sentence and were being released to parole and

17 probation, and so the parole and probation system

18 wanted as much information as possible in order to

19 put the person -- to help maximize the person's

20 benefit from their -- from their rehabilitation time 10:24:27

21 and from their parole and probation time.

22 Other people self-referred because they had a

23 question or concern with some issue and there was

24 nobody else with the expertise to be able to answer

25 it -- to be able to address it. 10:24:42

1 BY COUNSEL SWAMINATHAN:

2 Q Two quick follow-up questions.

3 So what was most typically the offense that  
4 these patients had committed when they came to your  
5 hospital?

10:24:51

6 MR. TRYON: Objection.

7 THE WITNESS: I would hesitate to say to the  
8 hospital. But the ones who ended up in my clinic  
9 were there specifically for a sex-related --  
10 sex-related reason. Roughly two-thirds of those  
11 would be related to or potentially related to a  
12 sexual offense.

10:25:03

13 BY COUNSEL SWAMINATHAN:

14 Q Can you describe for me what you mean by  
15 "sexual offense"? What does sexual offense  
16 encompass?

10:25:18

17 MR. TRYON: Objection.

18 And before you answer, I just -- I don't know  
19 what HIPAA laws are in Canada, but I just want to  
20 caution the witness to make sure that you're not  
21 violating any confidentiality requirements of -- of  
22 Canadian law.

10:25:28

23 COUNSEL SWAMINATHAN: Thank you, Counsel.

24 Your objection is noted.

25 ///

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1 BY COUNSEL SWAMINATHAN:

2 Q You can answer, Dr. Cantor.

3 A I understand.

4 Typically, these were touching of a child or  
5 child pornog- -- or child pornography possession. 10:25:42

6 Q Thank you. I appreciate that.

7 So you also said that some of these patients  
8 were self-referred; right?

9 A Yes.

10 Q Approximately what percentage of your 10:25:55  
11 patients were self-referred as opposed to coming to  
12 you from a different -- coming to the hospital from  
13 a different method?

14 A Roughly a quarter to a third.

15 Q I appreciate it. 10:26:13

16 And then your position has changed again, but  
17 maybe you can let me know if -- was there any  
18 difference between your role as a senior scientist  
19 and a senior scientist, inaugural member, as noted  
20 on your resumé? 10:26:29

21 A No, there was no difference.

22 Q What -- what does it mean to be an inaugural  
23 member?

24 A It was -- it was an inaugural -- an inaugural  
25 member of that now newly formed institution. It was 10:26:45

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1 a large donation to the hospital, which, again,  
2 triggered a another reorganization.

3 Q Oh, okay. So what was the Campbell Family  
4 Mental Health Research Institute previously known an  
5 as? 10:27:01

6 A It wasn't previously known. The Campbell  
7 family was the source of the large donation which  
8 triggered the renaming and the reorganization.

9 Q I see. So it was -- it's completely separate  
10 from the complex mental illness program or the 10:27:10  
11 Sexual Behaviours Clinic?

12 A I don't recall the administrative details,  
13 but as I say, it was a shuffling rather than a -- it  
14 was more a shuffling than anything else.

15 Q So were the people that you worked with in 10:27:24  
16 that position largely the same as previous  
17 positions, in terms of your coworkers?

18 A Yes. Nothing from my day-to-day work  
19 changed.

20 Q Got it. And the -- the work that you had 10:27:36  
21 just described to me, that you had done in your role  
22 as senior scientist, that work was the same as  
23 senior scientist, inaugural member?

24 A Correct.

25 Q Okay. And you were there until May 2018; 10:27:48

1 right?

2 A Yes.

3 Q And then finally, I think we're getting to  
4 where you are presently, which is the director of  
5 the Toronto Sexuality Centre; correct?

10:28:01

6 A Yes.

7 Q And so you are currently the director of the  
8 Toronto Sexuality Centre, but you're also conducting  
9 your own private practice; is that right?

10 A That is my private practice.

10:28:14

11 Q Oh, that is your private practice. Okay.

12 And so can you tell me about your private  
13 practice? Approximately how many patients do you  
14 have as a part of your private practice?

15 A Roughly 50, currently.

10:28:28

16 Q So you have about 50 patients. Does this  
17 fluctuate a lot, or is it typically around 50?

18 A I do my best to keep the number pretty  
19 constant.

20 Q Okay. And why is that?

10:28:47

21 A Oh, for the -- for the workload.

22 Q Got it. And so you've been in your private  
23 practice for about five years now; is that right?

24 A Yes.

25 Q When you first started your private practice, 10:29:01

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1 approximately how many patients did you have?

2 A I want to say zero, and then I worked it up  
3 from there.

4 Q And how are patients typically finding you or  
5 coming to you for -- for your treatment? 10:29:20

6 A Generally from routine advertising. Perhaps  
7 a quarter of them are referred specifically from  
8 other clinicians who feel that they're not qualified  
9 to deal with, whatever sexual issues, will send  
10 their client to me. 10:29:38

11 Q You said "routine advertising." What does  
12 routine advertising for your practice look like?

13 A An ad in Psychology Today and websites.

14 Q Any social media?

15 A No. 10:29:53

16 Q And you said sometimes other clinicians refer  
17 patients to you because they are unable to meet the  
18 needs of what the patient is looking for; right?

19 A Correct.

20 Q And so what would you describe your specialty 10:30:05  
21 to be that these other clinicians don't possess?

22 A Human sexuality, which is left out of most  
23 mental health training programs altogether.

24 Q And I know we've spoken about this briefly  
25 before, but what all do you understand to fall under 10:30:24

1 human sexuality again?

2 A Sexual functioning, sexual attraction --  
3 sexual functioning and sexual attraction patterns.

4 Q And so of your 50 patients, approximately --  
5 you know, what's the average age of your 50 10:30:40  
6 patients?

7 A Average? 30 to 35.

8 Q How old is your youngest patient, without  
9 disclosing any HIPAA violative information?

10 A Youngest would be, I think, early 20s. 10:30:57

11 Q Early 20s. And how about the oldest?

12 A Oldest would be late 60s.

13 Q So as your role as director, is it -- am I  
14 correct that it's solely just your private practice,  
15 not your research? There's no -- no more research 10:31:18  
16 component of this position?

17 A Not paid.

18 Q So at the Toronto Sexuality Centre, you're  
19 paid -- you're paid for the work that you do in  
20 conjunction with your private practice; right? 10:31:36

21 A Correct.

22 Q And any other research you do, there's no  
23 payment from this entity for that research; right?

24 A Correct.

25 Q Okay. So in any of these positions that 10:31:47

1 we've spoken about, have you provided care directly  
2 to transgender people?

3 A I'm sorry, would you ask that again?

4 Q Sure. So in any of these positions, have you  
5 provided care to transgender people? 10:32:03

6 MR. BARHAM: Objection; form.

7 THE WITNESS: Yes.

8 BY COUNSEL SWAMINATHAN:

9 Q Which positions have you provided care to  
10 transgender people? 10:32:15

11 A Right now, asking as to the Toronto Sexuality  
12 Centre?

13 Q Any others?

14 A I -- I don't have any other clinical  
15 positions. I'm -- again, I'm checking your 10:32:28  
16 question.

17 When you asked me about my experiences with  
18 trans people, you mean the -- my clinical  
19 experiences within the Toronto Sexuality Centre?

20 Q Exactly. And I'm just trying to ensure that 10:32:43  
21 I haven't missed any other practices that, you know,  
22 you may have had with respect to, you know,  
23 providing direct care to -- to transgender people.

24 So I understand your answer to be the Toronto  
25 Sexuality Centre; is that correct? 10:32:57

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1           A    Yes, I -- I -- that includes trans people and  
2   people with transitions.

3           Q    Okay. And, again, none of this care was  
4   provided to transgender prepubertal kids; right?

5           A    Correct. 10:33:15

6           Q    And none of this care was provided to  
7   transgender adolescents; right?

8           A    Some would be adolescents. I -- I see  
9   clients at ages 16 and up.

10          Q    16 and up. 10:33:32

11               And you said your youngest client at the  
12   moment is in their early 20s, but you have seen  
13   clients who have been under the age of 18; is that  
14   right?

15          A    Yes. 10:33:45

16          Q    How many transgender people under the age of  
17   18 have you provided care to?

18          A    Six to eight.

19          Q    Okay.

20          A    While they were in that age. 10:33:58

21          Q    Got it. And what about under the age 16,  
22   have you ever provided care to any transgender  
23   adolescent or prepubertal kid under the age of 16?

24          A    No.

25          Q    Okay. Did any of the care that you provided 10:34:11

1 to transgender and gender-dysphoric people involve  
2 prescribing puberty-delaying treatment?

3 A No. I'm not licensed for providing medical  
4 care.

5 Q And so you're not licensed to provide -- or, 10:34:31  
6 sorry, prescribe hormone therapy; right?

7 A That is correct.

8 Q Okay. So your care primarily involved  
9 counseling; right?

10 A Yes. 10:34:44

11 Q So with respect to any employment that you've  
12 held, have you ever been subject to discipline by  
13 your employer?

14 A No.

15 Q No? And you've spent a significant portion 10:34:55  
16 of your career at CAMH; right?

17 A Yes.

18 Q Okay. How have you gotten along with your  
19 colleagues over the span of -- it looks like over  
20 20 -- 20 years? 22 years? How have you gotten 10:35:15  
21 along with your colleagues there?

22 A In general, very well.

23 Q And apologies, just one -- one clarification.

24 So you said that you're not licensed to  
25 prescribe puberty-delaying treatment or cross-sex 10:35:29



1 hormones; right?

2 A Correct.

3 Q Are you qualified to refer patients to  
4 providers who are licensed to provide that care?

5 A I'm not -- the question doesn't quite make 10:35:49  
6 sense to me.

7 Q Great. I'm -- I'm happy to rephrase.

8 Have you ever provided a referral for one of  
9 your patients to obtain puberty-delaying treatment  
10 or cross-sex hormones from, let's say, an 10:36:03  
11 endocrinologist?

12 A It's tough to say. Again, the Canadian  
13 medical system doesn't work quite the same way as  
14 the American way does. A letter from me would  
15 generally be sufficient for a medical provider who 10:36:27  
16 is looking for a licensed mental healthcare provider  
17 to say that a person is mentally healthy and ready  
18 to engage in a medical treatment, but we don't send  
19 the referral -- but -- but in the U.S., I understand  
20 there are certain legal ramifications how that 10:36:53  
21 referral happens, which isn't necessarily relevant  
22 to where I am.

23 Q I see. So you would provide a letter to  
24 another mental health provider who works with a  
25 patient, who would then be able to provide a 10:37:05

1 referral to the medical doctor to prescribe these  
2 treatments; right?

3 A No. I would be that other mental health  
4 provider.

5 Q So you would receive a letter from another 10:37:18  
6 practitioner and then that -- you would be the  
7 decision-maker as to whether the person is ready for  
8 a referral to a medical doctor to receive these  
9 treatments; is that correct?

10 A No. Usually, I would be the initiator. I 10:37:35  
11 mean, a -- a -- any given patient might come to me  
12 through another provider, but that doesn't require  
13 anything -- anything formal or anything in writing.

14 If the request or the -- if what is  
15 appropriate to the case is that the person does go 10:37:52  
16 on for medical treatment, then I would write a  
17 letter indicating that patient's preparedness for  
18 that medical treatment.

19 Q I see. And so how often have you written  
20 such a letter? How -- how many times, to your 10:38:03  
21 approximate recollection?

22 A Two, three dozen.

23 Q Two, three dozen.

24 And do you typically write these letters for  
25 those who are above the age of 16? 10:38:17

1 A Yes.

2 Q Have you ever written a letter for a patient  
3 of yours who was under the age of 16 to receive  
4 puberty-delaying treatment or hormone therapy?

5 A No. 10:38:33

6 Q Has any patient under the age of 16 come to  
7 you with that request?

8 A I don't see patients under 16.

9 Q How about under 18? Has any patient between  
10 the ages of 16 and 18 come to you with a request 10:38:46  
11 seeking puberty-delaying treatment or, sorry, at  
12 that point cross-sex hormones?

13 A I haven't had such a request, no.

14 Q Okay. Sorry, we were just speaking about  
15 your colleagues at CAMH, and I was asking you, you 10:39:00  
16 know, how have you gotten along with your colleagues  
17 there, and you said fine; is that correct?

18 A Generally, quite well, yes.

19 Q Generally, quite well.

20 Did you ever have any disagreements with 10:39:11  
21 other employees of CAMH?

22 A Yes.

23 Q What kinds of disagreements have you had?

24 MR. BARHAM: I'm going to object and advise  
25 not to disclose any confidential information. 10:39:31

1 THE WITNESS: Generally, these were, you  
2 know, minor administrative disagreements about how  
3 something should be done or -- or efficiency.

4 The largest disagreement I had was not  
5 related to gender -- to gender issues at all, but it 10:39:51  
6 ultimately was what motivated my leaving the  
7 hospital.

8 BY COUNSEL SWAMINATHAN:

9 Q It was not related to issues of gender  
10 dysphoria or related to transgender people? 10:40:04

11 A Correct.

12 Q And it caused you to leave the hospital.

13 And was that in 2018?

14 A Yes.

15 Q Okay. So you've never had any issue come up 10:40:18  
16 relating to the topic of transgender people; right?

17 A When you now say "never had any issue come  
18 up," we're -- we're still talking in which -- in  
19 which context?

20 Q Apologies. Let me -- let me clarify. 10:40:38

21 So you said that there was a disagreement in  
22 2018 that caused you to leave CAMH; right?

23 A I wouldn't say that there was a disagreement  
24 in 2018. It took me several years to -- to get  
25 to -- to get to that point, but that certainly -- 10:40:54

1 but that was the formal date of when -- when I left  
2 CAMH.

3 Q I understand.

4 What was that disagreement?

5 A It had become very apparent to me that the 10:41:05  
6 psychiatric staff was misusing hospital time for  
7 their own private practices, and I was ultimately  
8 unable to change that from happening in a  
9 substantial way. I thought it was grossly unethical  
10 and no longer wanted any part of a clinic that would 10:41:24  
11 -- that would allow that.

12 Q And were these psychiatric staff individuals  
13 that you supervised?

14 A No.

15 Q No? And to your knowledge, if -- if you 10:41:34  
16 know, how were they misusing hospital time?

17 A They were seeing private patients and using  
18 hospital resources for those private patients.

19 Q And would those patients be coming to the  
20 hospital, or would these be virtual sessions? 10:41:51

21 A Coming to the hospital.

22 Q Yeah, I'm just trying to get a better  
23 understanding of whether, you know, these  
24 psychiatric staff were seeing these patients and the  
25 patients were not registered in the hospital 10:42:06

1 records.

2 Is -- is that what happened?

3 A The --

4 MR. BARHAM: I'm going to object and caution  
5 you about resealing confidential information. 10:42:16

6 COUNSEL SWAMINATHAN: Objection noted. Thank  
7 you.

8 THE WITNESS: That's not how the system  
9 exactly was set up. Because of the nature of the  
10 laboratory, it was permitted to see nonhospital 10:42:35  
11 patients, but hour by hour and patient by patient,  
12 they were encroaching on hours that should have been  
13 reserved for hospital patients, but hospital  
14 patients were getting displaced for the private  
15 patients. 10:42:49

16 Q And how, exactly, did this -- this misuse of  
17 time lead you to your decision to leave the hospital  
18 entirely?

19 A It became apparent -- it became apparent that  
20 some money resources had been bled away from the 10:43:12  
21 clinic that there were no -- at one time, the -- the  
22 regular patients who were regularly getting referred  
23 ceased being referred. The referral sources  
24 realized that the delays got so long, they didn't  
25 bother referring anybody anymore, and if there are 10:43:27

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1 no people, then -- if there are no referrals,  
2 there's no clinic. If there's no clinic, there's no  
3 research.

4 I was able to correct it for a time, but I  
5 was unable to get the hospital to change its policy 10:43:40  
6 to make it permanent.

7 Q I see. And so your disagreement with how the  
8 hospital handled that situation is what caused you  
9 to leave; right?

10 A Yes. 10:43:53

11 Q And prior to that, I think you testified that  
12 you've had no other disagreements during your time  
13 at CAMH with respect to topics concerning  
14 transgender people; right?

15 MR. TRYON: Objection; form. 10:44:12

16 THE WITNESS: Correct.

17 BY COUNSEL SWAMINATHAN:

18 Q You've never disagreed with any employee as  
19 to what proper care for transgender individuals  
20 should be? 10:44:19

21 MR. TRYON: Objection.

22 THE WITNESS: Not that I recall, no.

23 BY COUNSEL SWAMINATHAN:

24 Q Okay. So let's move to page 3 of your CV, if  
25 you still have that up in front of you. 10:44:33

1 A Yes.

2 Q Great. Can you take a moment to review?

3 I -- I believe pages 3 through 7 list  
4 publications that you have authored and coauthored;  
5 right? 10:44:57

6 A Yes.

7 Q Okay. Approximately how long have you been  
8 authoring publications?

9 A You said three pages? I'm counting five.

10 Q 3 through 7, sorry. 3, 4, 5, 6 -- 10:45:11

11 A Oh, pages 3 through 7?

12 Q Yes, yes.

13 A I understand.

14 Yes, I'm sorry, what was your question again?

15 Q Approximately how long have you been 10:45:23  
16 authoring publications?

17 A Oh, almost 30 years.

18 Q Almost 30 years.

19 And what topics do you predominantly write  
20 about? 10:45:33

21 A Human sexuality and atypical sexualities.

22 Q And within human sexuality and atypical  
23 sexuality, what subjects do you primarily focus on?

24 A Sexual orientation, paraphilias and gender  
25 identity. 10:45:51

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1 Q And you have 64 articles listed here under  
2 "Publications"; right?

3 A That's -- yes.

4 Q When did you start writing and researching  
5 about paraphilias? 10:46:06

6 A Specifically about the paraphilias, soon  
7 after I arrived at CAMH.

8 Q Okay. So that would be around 1998, '99  
9 timeframe?

10 A Roughly, yes. 10:46:21

11 Q Okay. And how many of these publications  
12 focus on transgender and gender-dysphoric people?

13 A I have listed them on my CV. I'd have to  
14 count. It's roughly a half dozen.

15 Q Why don't we go through these pages together. 10:46:39

16 So your first publication titled "Transgender  
17 and gender diverse children and adolescents:  
18 Fact-checking of AAP policy," authored by J. Cantor  
19 in 2020; is that correct?

20 A Yes. 10:46:58

21 Q And you would say that publication pertains  
22 to issues of transgender and gender dysphoria in  
23 people; right?

24 A Yes.

25 Q Great. I'm looking down the list now. 10:47:08

1 Is there anything else on page 3, any other  
2 publication listed on page 3 that deals specifically  
3 with transgender individuals or individuals  
4 diagnosed with gender dysphoria?

5 A No. 10:47:29

6 Q Okay. Let's go to page 4. Can we go through  
7 this same exercise?

8 Is this there any publication on this page  
9 that relates specifically to transgender individuals  
10 or individuals with gender dysphoria? 10:47:52

11 A Only indirectly, number 26, Fazio and Cantor.

12 Q What do you mean by "indirectly"?

13 A One of the ways -- left-handedness is more  
14 common among people who are trans or gay, for that  
15 matter, than -- than not. 10:48:18

16 Q And that's the only -- that's the only way  
17 that this article is connected to issues concerning  
18 people who are transgender and gender dysphoric;  
19 right?

20 A Yes. 10:48:33

21 Q Okay. Great. Let's go to page 5 of your  
22 list of publications.

23 A Yes.

24 Q Can we go through that same exercise?

25 I can see that number 30 concerns paraphilia, 10:48:43

1 gender dysphoria and hypersexuality, so I assume  
2 that article relates to transgender or  
3 gender-dysphoric people in some regard; right?

4 A Yes.

5 Q Is there any other article on that page that 10:48:57  
6 relates to what we're speaking about?

7 A That particular one, that's a -- the relevant  
8 chapter in the Oxford Textbook of Psychopathology.  
9 I just finished writing the new version of that, but  
10 it's not yet in my CV. The book hasn't come out 10:49:17  
11 yet.

12 Q Okay. Great. So just number 30; right?

13 And then can we --

14 A Hang on. I'm going through the rest of the  
15 list. 10:49:32

16 Q Oh, apologies.

17 A Again, indirectly, number 37, Cantor, 2012,  
18 "Is homosexuality a paraphilia?" Again, gender  
19 identity factors indirectly, in answering that  
20 question. 10:49:48

21 Q So, again, your testimony is that 37  
22 indirectly focuses on transgender people and gender  
23 identity disorders as related to homosexuality as a  
24 paraphilia; is that right?

25 A The evidence -- exactly as the -- the title 10:50:03

1 states, reviewing the evidence and the arguments  
2 that have been posed for each side.

3 Q So how does this article specifically address  
4 issues of transgender people and gender dysphoria  
5 individuals? 10:50:21

6 A There is a specific paraphilia called  
7 "autogynephilia" which is strongly related to the  
8 motivator -- which is strongly -- which is one of  
9 the strongest motivatives for adults who want to  
10 transition, specifically from male to female. 10:50:36

11 Q So --

12 A Whether they --

13 Q Apologies. Continue.

14 A Whether they consider themselves heterosexual  
15 or homosexual is often rooted at what their stage of 10:50:45  
16 transition is. So it makes the question of  
17 whether -- sexual orientations of paraphilia a  
18 little more complicated.

19 Q Got it. And as you just testified,  
20 autogynephilia applies to adults; right? 10:51:00

21 A That's not exactly it, no. Usually in a  
22 clinic, autogynephilia is the primary motivator  
23 behind most -- most people who start becoming gender  
24 dysphoric in adulthood, but that doesn't mean it's  
25 limited to adulthood. 10:51:21

1 Q Got it. Are there any other articles on this  
2 page that relate to transgender --

3 A Yes.

4 Q -- or gender dysphoria?

5 A Yes. Number 40, which is the then prior 10:51:33  
6 version of that chapter for the Oxford Textbook of  
7 Psychopathology, but the chapter was retitled, so  
8 the phrase "gender identity" doesn't appear in the  
9 title in that -- in that title. Or it doesn't  
10 appear in the title in that version. 10:51:50

11 Q So this chapter titled "Sexual disorders"  
12 encompasses information about transgender identities  
13 and gender dysphoria; is that right?

14 A Yes.

15 Q Okay. Anything else on this page? 10:51:59

16 A No.

17 Q Okay. We're almost done with this exercise.

18 Page 6. Are there any articles on page 6 of  
19 your CV that focus --

20 A Yes. Number 53, Zucker, et al. 10:52:26

21 Q Okay. "The Recalled Childhood Gender  
22 Identity/Gender Role Questionnaire: Psychometric  
23 properties."

24 So this publication focuses on issues  
25 pertaining to transgender and gender-dysphoric 10:52:42

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1 individuals; right?

2 A Children specifically, yes.

3 Q Children specifically. Okay.

4 Anything else on this page?

5 A No. 10:52:51

6 Q And the last page, page 7, are there any  
7 articles on this page that pertain to transgender  
8 individuals or gender-dysphoric individuals?

9 A No.

10 Q Great. So you've identified six articles for 10:53:15  
11 me, and, if you don't mind, I'd like to go through  
12 those six articles in a little bit more depth. So  
13 if you could turn back to page 3.

14 Would it be fair to describe your work that  
15 you've done in connection with these articles as 10:53:40  
16 research?

17 A Broadly speaking, in different contexts,  
18 people use the word "research" different ways.

19 Q I don't want to misrepresent your work, so  
20 how -- how would you describe what goes into the 10:53:52  
21 publication of these articles? Would you call it  
22 research or study?

23 Is "study" a more appropriate word?

24 A Again, these mean different things in  
25 science, and we would use different words in 10:54:11

1 different contexts.

2 Usually when I use the word "research," we're  
3 talking about actually collecting original data,  
4 analyzing patterns and then reporting the results of  
5 those analyses. 10:54:24

6 Q Okay.

7 A In science, of course, when there are many  
8 such -- many such observations reported, we then go  
9 through and read -- read those, accumulate those and  
10 find patterns in those sets of observations. 10:54:34

11 So some people would call that research;  
12 others, not. There also exists people who just  
13 refer -- review all of the research and summarize it  
14 all into one. That also would legitimately be  
15 called research. 10:54:51

16 Q Okay. So why don't we go through these and  
17 you can correct me if I'm mischaracterizing  
18 anything.

19 But article 1, to me, seems like a review; is  
20 that correct? 10:55:02

21 A That would be fair to say. In -- as I say,  
22 some people would call that research.

23 Q Okay. So why did you author this article?

24 A When the AAP first published its paper, it  
25 very obviously, to me, contained glaring error after 10:55:24

1       glaring error. It repeatedly said whatever original  
2       studies made such a claim. I was well aware of that  
3       original study and knew that it made no such claim.

4               At that time, especially, there were  
5       relatively few people who knew any of the research       10:55:43  
6       on gender identity, so I simply conducted a  
7       fact-check of all the claims that were made by the  
8       AAP.

9       Q     So this article doesn't include any original  
10      research of yours; right?                               10:55:54

11      A     I did not collect data for it.

12      Q     Okay. Who requested that you write this  
13      article?

14      A     No one.

15      Q     No one?   10:56:06

16               So it was your decision to fact-check the AAP  
17      policy; right?

18      A     Yes.

19      Q     It wasn't at the request of any other entity?

20      A     Correct.   10:56:16

21      Q     Okay. And let's go on to number 26, which I  
22      believe is the next publication, on page 4.

23      A     Yes.

24      Q     So this is an article that you authored along  
25      with Fazio; is that correct?                               10:56:38



1 A Yes.

2 Q Who is Fazio?

3 A She was a graduate student who was studying  
4 under me for her internship and then --

5 Q Got it. 10:56:47

6 A -- and then post-doc.

7 MR. TRYON: Pardon me, Counsel, which number  
8 are we on?

9 COUNSEL SWAMINATHAN: Apologies. We are on  
10 page 4 of Dr. Cantor's CV and Article No. 26. 10:56:54

11 MR. TRYON: Thank you.

12 COUNSEL SWAMINATHAN: No worries.

13 BY COUNSEL SWAMINATHAN:

14 Q Okay. And so this is the article that you  
15 mentioned tangentially related to transgender people 10:57:05  
16 and gender identity disorders because of the  
17 left-handed association; is that correct?

18 A Yes.

19 Q Okay. And did you author this article out of  
20 your own volition, or were you requested by a 10:57:26  
21 certain entity to -- to research this issue?

22 A Neither. It was Fazio's initially.

23 Q Okay. And so you were supervising Fazio's  
24 research; is that correct?

25 A This portion of it, yes. 10:57:41

1 Q Okay. Great.

2 And can we go to number 30 now, which is at  
3 the top of page 5 of your CV?

4 A Yes.

5 Q You mention that there is a new version of 10:57:58  
6 this Oxford textbook that is in the works right now;  
7 right?

8 A Yes.

9 Q And in this current version, you wrote this  
10 chapter with Sutton, K. S.; is that right? 10:58:14

11 A Yes.

12 Q Who is Sutton?

13 A He was a postdoctoral fellow of mine at the  
14 time.

15 Q I see. And you coauthored this article in 10:58:27  
16 2014; is that right?

17 A That's the year it came out. I don't  
18 remember the date when we submitted the manuscript.

19 Q Okay. A quick clarifying question.

20 Is there a reason that your name is first in 10:58:42  
21 this article and Sutton's is second, but in the  
22 prior article we were looking at, Fazio's name was  
23 first and your name was second?

24 A Just reflecting proportion of -- of effort  
25 into it. As I say, I -- with Fazio, I was 10:59:00

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1 participating only in a particular portion. And  
2 with Sutton, I was the primary author and Sutton  
3 added in other details.

4 Q Got it. Okay.

5 And so, can you remind me again, how exactly 10:59:12  
6 does this article relate to transgender people or  
7 people with gender dysphoria?

8 A A section of that chapter is specifically  
9 about transgenderism.

10 Q What is that chapter focused on? 10:59:24

11 A I'm sorry, I'm no longer sure that we're  
12 talking about the same chapter. I'm talking about  
13 the chapter with Sutton.

14 Q What -- what -- you mentioned that a portion  
15 of the chapter focuses on transgender identities; 10:59:41  
16 right?

17 A Yes.

18 Q I'm asking you to describe that portion a  
19 little bit more for me.

20 A Oh. In that portion, we reviewed what, until 10:59:52  
21 then, was known about gender -- gender identity,  
22 gender dysphoria and transsexualism in children and  
23 adults.

24 Q And this was independent research that you  
25 and Sutton conducted? 11:00:04

1           A    It was a review, as I said, of what was  
2           already known about those topics at that time.

3           Q    Got it. And were there any findings that you  
4           presented that were separate from what data was  
5           already existing in this review that you mentioned?   11:00:22  
6           Was there any new finding that came out of this  
7           article?

8           A    Not an empirical finding. When we saw  
9           patterns in the research or comparisons between  
10          different kinds of atypical sexualities and so on,   11:00:39  
11          we would -- we would add those, but the focus of the  
12          chapter and the purpose of the textbook was to  
13          convey to readers what was already established in  
14          the science.

15          Q    And -- and I assume this chapter was reviewed   11:00:51  
16          by others; right?

17          A    Yes. That particular book, the Oxford  
18          Textbook of Psychopathology, is one of the best  
19          known such texts in the world.

20          Q    Assume that it's a peer-reviewed text; right?   11:01:06

21          A    I would hesitate to call it peer reviewed.  
22          It's not peer reviewed in the way that journal  
23          articles are peer reviewed. In journal articles,  
24          it's initiated by the author, sent into the journal  
25          and the journal can either publish or not publish   11:01:25

1 it.

2 Q Uh-huh.

3 A Book chapters are by invitation. The book  
4 editors then select topic experts and -- and invite  
5 them to submit a chapter for the book. 11:01:38

6 Q Got it.

7 A That chapter gets peer reviewed in the way  
8 that it's sent to other topic experts for -- for  
9 feedback, but it's not reviewed in the same should  
10 we consider this at all, I don't know anything about 11:01:49  
11 this topic and then need an expert to tell me, which  
12 would happen in the journal peer review system.

13 Q Understood. So you were invited to author  
14 this chapter by Blaney and Millon; is that correct?

15 A Correct. 11:02:02

16 Q Okay. And when did they extend this  
17 invitation to you? Because previously when I said  
18 that, you know, it was published in 2014, you  
19 mentioned that the work that has been put into it  
20 was ongoing prior to 2014. 11:02:17

21 So when -- when did they approach you about  
22 authoring this chapter?

23 A I don't recall exactly. It would have been  
24 about a year and a half to two years ahead of time.

25 Q Okay. Great. 11:02:29

1           And then you mentioned number 37, article 37,  
2           is related to transgender identities and gender  
3           dysphoria as related to autogynephilia; is that  
4           correct?

5           A    The -- yes, the nexus between the topics is           11:02:42  
6           autogynephilia. In order to answer the questions  
7           that I had set for myself requires that people know  
8           each chunks of that literature.

9           Q    Got it. Okay.

10           And article 40, you also mention that the           11:03:03  
11           title is "Sexual disorders," but that's only because  
12           it's a previous version of the title that did not  
13           include issues of gender identity; is that correct?

14           A    Yes.

15           Q    And the textbook actually includes           11:03:17  
16           information pertinent to transgender individuals and  
17           gender identity disorders; is that right?

18           A    Correct. In the years after that, it  
19           became -- it became more and more uncontested  
20           whether gender identity should automatically be           11:03:36  
21           called a -- a disorder at all. So by parsing out  
22           the title, we removed the word "disorder"  
23           altogether.

24           Q    I see. And this -- this came out in 2009; is  
25           that right?           11:03:52

1 A Correct.

2 Q And then the last one you mentioned was on  
3 page 6 of 32 of your CV, and it's Article No. 53,  
4 the Zucker article. And you mentioned that this  
5 article focuses on children with gender identity 11:04:05  
6 disorders; is that right?

7 A Yes.

8 Q Can you tell me more about this -- and  
9 however you call it, a study or research that went  
10 into this article? 11:04:29

11 A I provided primarily statistical input into  
12 the article. The topic on it was how to find the  
13 most objective and reliable way to ask about events  
14 in childhood and how cross-gender they were.

15 Q So what do you mean by "statistical input"? 11:04:49

16 A Because I have a substantial background in  
17 statistics, I'm often asked to -- to add to the  
18 statistical analyses that -- or to double-check the  
19 statistical analyses that any researcher is doing.

20 Q So is this Zucker article a compilation of 11:05:06  
21 original research?

22 A It is an original piece of research, yes.

23 Q It is an original piece of research.

24 And your contribution to the article was to  
25 ensure that the statistical analysis was sound; is 11:05:19

1 that correct?

2 A I don't think it's fair to limit my  
3 contribution to that, but that was my predominant  
4 role.

5 Q Fair to say it was your predominant 11:05:31  
6 contribution; right?

7 A Yes.

8 COUNSEL SWAMINATHAN: I just want to check in  
9 because I think it's been about an hour. So I was  
10 wondering if you need a break. Or, Counsel Travis, 11:05:40  
11 if -- if you want to take another short five-minute  
12 break.

13 THE WITNESS: I'm okay.

14 COUNSEL SWAMINATHAN: You're okay --

15 MR. BARHAM: I'm fine with continuing. 11:05:47

16 COUNSEL SWAMINATHAN: Okay. Sounds good.

17 BY COUNSEL SWAMINATHAN:

18 Q So of these six publications that we just  
19 talked about, none of these publications focus on  
20 transgender people in athletics; right? 11:06:02

21 A Correct.

22 Q Do any of these publications relate to the  
23 issues in this case?

24 MR. TRYON: Objection.

25 THE WITNESS: Do they relate? I -- I'm 11:06:22



1 not -- I'm not sure I know how to answer that  
2 question.

3 BY COUNSEL SWAMINATHAN:

4 Q Sure. Let me ask a better question.

5 What is your understanding of what this case 11:06:33  
6 is about?

7 A Well, there's what the case is about and  
8 there's what I've been asked to contribute --

9 Q Sure. My question is, what is your  
10 understanding of what this case is about? 11:06:43

11 A Is whether it's fair and appropriate for  
12 biological males to participate in -- on biological  
13 female teams.

14 Q And do any of these publications inform your  
15 opinion on the issues that you just identified? 11:07:03

16 A I --

17 MR. BARHAM: Objection; form.

18 THE WITNESS: I would hesitate to say  
19 "inform" because several of my publications in turn  
20 reflect what's in the rest of the empirical 11:07:21  
21 literature, and it's the entire empirical literature  
22 that informs my opinion. It can't really be  
23 separated. But none -- none of my opinion about  
24 this case developed from my publications. Rather,  
25 my publications and my opinion both come from the 11:07:40

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1 sum of the scientific literature.

2 BY COUNSEL SWAMINATHAN:

3 Q I appreciate that explanation. Thank you.

4 Let's go on to the next section of your CV.

5 So on, let's see, page 8, you have a list of 11:07:55  
6 letters and commentaries that you have authored and  
7 coauthored; right?

8 A Yes.

9 Q Approximately how long have you been offering  
10 letters and commentaries? 11:08:18

11 A Roughly 20 years.

12 Q And what topics do you predominantly comment  
13 on?

14 A Atypical sexuality in humans.

15 Q When did you start commenting on atypical 11:08:32  
16 sexualities?

17 A The first publication on it was in 2000.

18 Q And is that the -- Publication No. 14 that  
19 was listed -- that's listed here on page 8?

20 A Yes, it is. 11:08:56

21 Q And do any of these publications focus on  
22 transgender people or people with gender dysphoria?

23 A Yes.

24 Q Which ones?

25 A Numbers 6, 9, 10, 11. And I don't recall if 11:09:11

1 number 12 did, but I think not.

2 Q Okay. So we're working with number 6, 9, 10  
3 and 11, right, under "Letters and Commentaries"?

4 A Yes.

5 Q And Letter No. -- or Letter or Commentary 11:09:59  
6 No. 6, this is a comment that you wrote in response  
7 to Italiano's 2012 comment on an article that you  
8 had written in 2011; is that right?

9 A Yes.

10 Q Does this comment have anything to do with 11:10:20  
11 transgender children and adolescents playing sports?

12 A No.

13 Q Let's turn to number 9, which is -- is this a  
14 letter, or is this commentary?

15 A A letter. 11:10:44

16 Q A letter.

17 A The difference -- there really -- it's a  
18 general standard whether they say "commentary" or  
19 "letter." There's no rigorous or systematic  
20 difference between the terms. 11:10:54

21 Q Got it. Thank you.

22 And so this was in 2011, entitled "New MRI  
23 studies support the Blanchard typology of  
24 male-to-female transsexualism."

25 Did I read that accurately? 11:11:03

1 A I'm sorry, say that again.

2 Q The -- it's titled "New MRI studies support  
3 the Blanchard typology of male-to-female  
4 transsexualism."

5 Did I read that accurately? 11:11:16

6 A Yes.

7 Q Okay. And did this letter have anything to  
8 do with transgender children or adolescents playing  
9 sports?

10 A No. 11:11:34

11 Q No? Let's look at number 10. This is --  
12 this is authored by Zucker, Bradley, Own-Anderson,  
13 Kibblewhite and yourself; is that correct?

14 A Yes.

15 Q And it's titled "Is gender identity disorder 11:11:51  
16 in adolescents coming out of the closet?"; correct?

17 A Yes.

18 Q Can you tell me a bit about this letter or  
19 commentary? Why was it written?

20 A So we were observing, in those days -- we're 11:12:14  
21 now going back almost 15 years -- seeing the  
22 beginnings of the great increase in the number of  
23 adolescents presenting to clinics expressing gender  
24 dysphoria.

25 Q Okay. And is this a piece of original 11:12:30

1 research, or is this a review of existing research?

2 A Original research.

3 Q Who funded this research?

4 A It wasn't funded in a direct way. It

5 required no -- it required no funding. It wasn't 11:12:54

6 the kind of a study that required hiring new people

7 or equipment.

8 Q I see. So there was no grant application

9 process or something similar associated with this

10 publication; right? 11:13:07

11 A Correct.

12 Q How did the authors of this study, including

13 yourself, come together to conduct this research?

14 A They were already colleagues at CAMH.

15 Q Got it. So these are all employees of CAMH? 11:13:25

16 A At that time, yes.

17 Q Were any of these authors students or --

18 sorry, fellows?

19 A I don't recall if Kibblewhite was. They may

20 have been. 11:13:47

21 Q Okay. And you said that this study was not

22 directly funded. Was it indirectly funded in any

23 way?

24 A It would be reasonable to say that the

25 hospital's salary support of the staff was an 11:14:00

1 indirect funding, but it wasn't related to any --  
2 any one particular study at all.

3 Q Got it. And just to clarify, this is a study  
4 that you-all came together to carry out on -- on  
5 your own, not at the request of anyone? 11:14:17

6 A Correct.

7 Q Okay. And is this study related to  
8 transgender children or adolescents participating in  
9 athletics specifically?

10 A No. 11:14:30

11 Q Okay. And then you said, finally, number 11  
12 under "Letters and Commentaries." It's a review, in  
13 2003, of the book The Man Who Would Be Queen by  
14 J. Michael Bailey. Did I read that accurate?

15 A Yes. 11:14:52

16 Q What is The Man Who Would Be Queen?

17 A It was a book by J. Michael Bailey, published  
18 at the time, describing for the lay public gender  
19 identity and transsexualism in children -- well, in  
20 children and adults. 11:15:10

21 Q Did the book focus on children or adults?

22 A I don't think it's fair to say it focused on  
23 either. It spanned a lifetime.

24 Q Understood. I'm just trying to understand  
25 because it says "The Man Who Would Be Queen," 11:15:26

1       instead of "The Boy." So I was just wondering how  
2       old the protagonist of this book is, to your  
3       recollection.

4       A     There wasn't a single protagonist. There  
5       were multiple protagonists. 11:15:38

6       Q     What was the average age of the multiple  
7       protagonists in this book?

8       A     Oh, I don't recall, and I'm not sure that  
9       that's meaningful. That is, in the book, Bailey was  
10      describing the phenomena of transsexuality and 11:16:00  
11      gender dysphoria and then used individual cases and  
12      describes people in order to -- in order to help,  
13      you know, color the -- the issue for -- for the  
14      audience, but it wasn't -- it wasn't of a number of  
15      people by which one could calculate an average. He 11:16:20  
16      described a couple of children, and he described a  
17      couple of adults, and he tried to -- did his best to  
18      describe people who were transitioning in each  
19      direction.

20      Q     I understand. I'm -- sorry. I was just 11:16:30  
21      trying to clarify whether this was book was similar  
22      to, you know, the clinical work that you do, where  
23      you speak to adults or people over the age of 16  
24      and, you know, retroactively gain their childhood --  
25      gain knowledge of their childhood experiences or if 11:16:47

1 this book, the individual cases that you mentioned,  
2 were actually children versus adults.

3 And you say it's a mix of both; right?

4 A It includes cases of both.

5 Q Yeah. Okay. That -- that's all I was 11:17:01  
6 wondering. Thank -- thank you.

7 And so why did you review this book?

8 A For the same reason I -- I -- for the same  
9 reason that I wrote the AAP study. The book was  
10 fascinating, well written, very informative, 11:17:19  
11 useful -- and useful to society, but also very  
12 controversial. So I thought it would be useful, as  
13 one of the few people qualified to -- to do so, to  
14 compare the book with -- with the actual research at  
15 the time. 11:17:37

16 Q Did anyone request you to write this review?

17 A No.

18 Q Did you speak to Michael Bailey while writing  
19 this review?

20 A I don't recall. I had already met him before 11:17:47  
21 I wrote the review. I don't recall contacting him  
22 at all while I was writing.

23 Q And so to your recollection and speaking  
24 about it more generally, this book has to do with  
25 the full age range of transgender identities, and, 11:18:20



1 in your testimony, it does not focus solely on adult  
2 transitioners; right?

3 A It's not limited -- it's not at all limited  
4 to adults.

5 Q It's not at all limited to adults, but more 11:18:33  
6 generally, it speaks to adults as opposed to  
7 children?

8 MR. TRYON: Objection; form.

9 THE WITNESS: I hesitate to say that it  
10 speaks to either one any more than the other. 11:18:45

11 BY COUNSEL SWAMINATHAN:

12 Q Okay. That's fair.

13 And then at the bottom of the page and then  
14 the next page, you have a list of your publications,  
15 specifically your editorials, and that is your CV 11:18:59  
16 page 8 and 9.

17 A Yes.

18 Q Okay. And so approximately how long have you  
19 been authoring editorials?

20 A About 20 years. 11:19:18

21 Q 20 years. And what topics do you  
22 predominantly write on in terms of your editorial  
23 publications?

24 A Primarily on the editorial process itself.

25 I'm on the editorial board for the Archives of 11:19:32

1 Sexual Behavior, and I serve as editor in chief for  
2 the journal Sexual Abuse.

3 So it's routine for editors and editorial  
4 board members to comment on the structure and  
5 recurrences within the journal itself. 11:19:47

6 Q When did you start sitting on the board, the  
7 editor -- as -- as the editor in chief of the  
8 journal Sexual Abuse?

9 A It's on my CV. I don't recall the year.

10 Q Approximately how long do you remember 11:20:03  
11 sitting on the board for or sitting in that  
12 position?

13 A Roughly 15 to 20 years.

14 Q Okay. And so you have ten publications  
15 listed here under "Editorials"; is that right? 11:20:18

16 A Yes.

17 Q And from my view of the ten editorials, is it  
18 fair to say that you predominantly comment on sexual  
19 abuse?

20 A I wasn't -- no, I wasn't commenting on sexual 11:20:35  
21 abuse itself. I was commenting on the journal  
22 entitled Sexual Abuse.

23 Q Okay. So when you're commenting on the  
24 journal entitled Sexual Abuse, what is the nature of  
25 this commentary? 11:20:52

1           A    Number of publications, people coming and  
2           leaving the editorial board, my plans for the  
3           journal for the future. We weren't talking about  
4           the topic within the journal. We were talking about  
5           the journal as the topic. 11:21:05

6           Q    I see. Okay. So these are -- these are  
7           comments on kind of the -- the structure or the  
8           future of the journal itself, not specific  
9           substantive reviews of the articles contained within  
10          these journals; is that right? 11:21:21

11          A    Yes.

12          Q    Okay. And then on page 10 of your CV, you've  
13          listed your funding history; is that right?

14          A    Yes.

15          Q    And so these two pages list the funding that 11:21:38  
16          you've been the recipient of over the course of your  
17          career; right?

18          A    Yes.

19          Q    Is this a comprehensive list of the grants  
20          you've received? 11:21:54

21          A    Yes.

22          Q    And you were a co-investigator for four out  
23          of the seven times that you received funding for a  
24          study; right?

25          A    Just checking. 11:22:08

1 Q No problem.

2 A Yes, that's correct.

3 Q And you were a principal investigator, then,  
4 for three out of the seven times you received  
5 funding for a study; correct? 11:22:26

6 A Yes.

7 Q Were any of these seven awards of funds  
8 related to the study or treatment of gender  
9 dysphoria for transgender people?

10 A Yes. 11:22:40

11 Q Can you point me to which ones, please?

12 A The first one, "Brain function and  
13 connectomics following sex hormone treatment in  
14 adolescents experience gender dysphoria."

15 Q Uh-huh. 11:22:54

16 A And Effects of hormone treatment on brain  
17 development: A magnetic resonance imaging of --  
18 study of adolescents with gender dysphoria.

19 Q Great. Thank you.

20 I would love to talk about those two studies 11:23:19  
21 a bit further. So if we could start with the first  
22 one, which I understand to believe was granted in  
23 July of 2018.

24 So I see that it says \$650,000 and -- sorry,  
25 \$650,250, and then it has a forward slash, 5 years. 11:23:36

1                   So is that the amount of funds that were  
2           awarded over a period of five years?

3	A	Yes, that's correct.
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4 Q Not each year; right? It's a totality of the  
5 funds received over five years? 11:23:51

6	A	Correct.
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7 Q Okay. And when it says "July, 2018," does it  
8 mean that you -- like, the funds started coming in  
9 in July 2018 and continue on to, presumably,  
10 July 2023; is that correct? 11:24:07

11	A June 2023, but yes.
----	-----------------------

12	Q	Okay. June 2023.
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13 | And so can you describe the study to me?

14           A     The study itself is to take brain scans of  
15     kids throughout the process of -- throughout their           11:24:28  
16     process of transitions.

17 Q Okay. And how did you discover this  
18 opportunity?

19           A     I had worked, at least indirectly, with some  
20     of these authors before.  It's -- they're -- they --     11:24:41  
21     they're running the study, but, of course, they  
22     needed somebody with a background in brain imaging,  
23     in statistics and in human sexuality, including  
24     gender identity.

25	Q	So who are Doug VanderLaan and	11:24:58
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1 Meng-Chuan Lai?

2 A They now are two sex researcher  
3 neuroscientists specializing in child gender  
4 identity.

5 Q They specialize in child gender identity 11:25:12  
6 disorders; is that right?

7 A Yes.

8 Q What about Megha Mallar Chakravarty, Nancy  
9 Lobaugh, M. Palmert and Skorska?

10 Apologies if I mispronounced any of those. 11:25:25

11 A No problem.

12 They're other statisticians and  
13 neuroscientists involved in the data collection for  
14 MRI research.

15 Q Are those folks also focused on child gender 11:25:38  
16 dysphoria identities?

17 A No.

18 Q No? Okay.

19 And who applied for the funding for this  
20 study? 11:25:56

21 A Dr. VanderLaan.

22 Q VanderLaan.

23 And are you aware of what papers were  
24 submitted in connection with that application?

25 A I don't understand the question. Papers 11:26:07

1 submitted for an application?

2 Q I assume that to apply for a grant, there's  
3 some sort of application process; is that correct?

4 A Yes.

5 Q Were you involved in that application 11:26:19  
6 process, or was that solely done by Doug VanderLaan?

7 A I was involved in relevant parts of it.

8 Q What was your involvement?

9 A To review, check and add to the sections on  
10 statistics, neuro- -- and neuroimaging research 11:26:38  
11 methods.

12 Q Got it. Okay.

13 And I assume the study is still ongoing;  
14 right?

15 A Yes, it is. 11:26:48

16 Q It is.

17 And you don't have any findings to report  
18 right now; right?

19 A No, not yet.

20 Q Okay. And just to check in -- or is this 11:26:59  
21 study at all related to the participation of  
22 transgender children and adolescents in athletics  
23 specifically?

24 A It's not a topic of the study.

25 Q Okay. And it looks like you said there was 11:27:17

1 another study where the principal investigator,  
2 Doug VanderLaan, and co-investigators, Bain, Cantor  
3 Chakravarty, Chavez, Lobaugh and Zucker, bas- -- or  
4 the date is September 2015. That's the other study  
5 that you mentioned is relevant to transgender and 11:27:39  
6 gender-dysphoric individuals; right?

7 A It's a grant, not a study.

8 Q Sorry, grant. Apologies.

9 Can you tell me about that grant?

10 A It was very similar to the first one. In 11:27:51  
11 fact -- well, the one we first discussed, even  
12 though it, chronologically, is first. The  
13 chronologically first one bled into or ran into or  
14 became the second one, which is continuing the  
15 first. 11:28:08

16 Q I see. So were there independent results  
17 that were obtained from -- from this research, or  
18 did that research continue on into the grant that we  
19 just spoke about?

20 A That research is continuing on into the 11:28:24  
21 current one.

22 Q Great. And so it looks like it's the same  
23 agency that awarded both grants; right?

24 A Correct.

25 Q And this time, they provided you \$952,955, 11:28:37



1 again, over the course of five years, starting from  
2 September 2015; is that right?

3 MR. TRYON: Objection; form of the question.

4 THE WITNESS: Yes.

5 BY COUNSEL SWAMINATHAN: 11:29:01

6 Q So am I correct that your team of  
7 investigators applied for a second grant to continue  
8 the research that they were doing as a part of this  
9 initial awarding?

10 A Correct. 11:29:12

11 Q Is there a reason that they gave you less  
12 money the second time?

13 A Less was needed.

14 Q Less was needed?

15 A Yes. 11:29:20

16 Q Why was less needed the second time around?

17 A Changes in staff and then -- and student  
18 needs, just the size of the lab that needed to be --  
19 needed to be supported.

20 Also, in the second stage of the study, there 11:29:35  
21 are now ongoing participants who require brain  
22 scanning at regular intervals, which is unlike the  
23 earlier part of the study where it was a much wider  
24 range of people getting scanned.

25 Q I see. And, again, did this first stage of 11:29:49

1 the study involve the participation of transgender  
2 children or adolescents in athletics?

3 A The -- the way you phrased your question is a  
4 little funny. The -- the topic of the study wasn't  
5 focused on it, but I would not be at all surprised 11:30:08  
6 if some of the participants in the study were in  
7 turn involved in athletics.

8 Q Do you anticipate reporting specifically on  
9 athletic performance of transgender athletes in  
10 these studies? 11:30:27

11 A I don't anticipate reporting on that, no.

12 Q No? And you don't know for sure that these  
13 study participants may or may not be athletes as  
14 well; right?

15 A Correct. 11:30:39

16 Q Okay.

17 COUNSEL SWAMINATHAN: Okay. How about we  
18 take a five-minute break.

19 MR. BARHAM: Sounds good.

20 COUNSEL SWAMINATHAN: Can we go off the 11:30:51  
21 record?

22 THE VIDEOGRAPHER: Yes. We are going off the  
23 record at 11:31 a.m., and this is the end of Media  
24 Unit No. 2.

25 (Recess.) 11:47:06

1 THE VIDEOGRAPHER: All right. We are back on  
2 the record at 11:47 a.m., and this is the beginning  
3 of Media Unit No. 3.

4 Go ahead, please.

5 BY COUNSEL SWAMINATHAN: 11:47:15

6 Q Okay. So, Dr. Cantor, can you please turn to  
7 page 16 of your CV.

8 A I'm there.

9 Q Awesome. So page 16 through 18, I  
10 understand, lists your paper presentations and 11:47:39  
11 symposia; is that correct?

12 A Yes.

13 Q What topics do you predominantly present on?

14 A The same topics that -- that I research on,  
15 atypical human sexuality. 11:47:56

16 Q And when did you start presenting on atypical  
17 human sexuality?

18 A In the 1990s, I believe it was. Roughly  
19 30 years.

20 Q And it looks like you have 38 presentations 11:48:09  
21 listed here; right?

22 A Yes.

23 Q We're going to go through a similar exercise.

24 Would you please look at page 16 and tell me  
25 whether any of these paper presentations and 11:48:28

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1 symposia focus on transgendered people or  
2 gender-dysphoric people.

3 A Yes. Number 1. And that's the only one on  
4 this page.

5 Q Great. And then can we do that same exercise 11:48:59  
6 for page 17 of 32, please, which are 14 through 25.

7 A Number 23 and number 25.

8 Q Great. And then the last page, on page 18,  
9 please.

10 A None on that page. 11:50:33

11 Q Great. So if we can turn back to page 16 and  
12 look at the first presentation that you have listed.

13 So I understand it's a presentation given by  
14 yourself in April 2020, and it's titled "I'd rather  
15 have a trans kid than a dead kid: Critical 11:50:51  
16 assessment of reported rates of suicidality in trans  
17 kids."

18 Did I read that correctly?

19 A Yes.

20 Q And this was presented at the annual meeting 11:51:01  
21 of the Society for the Sex Therapy and Research;  
22 right?

23 A Yes.

24 Q And I assume it was online due to COVID?

25 A That's correct. 11:51:12

1 Q Okay. Who were you asked to present at this  
2 annual meeting by?

3 MR. BARHAM: Objection; form.

4 MR. TRYON: Objection; vague.

5 THE WITNESS: I wasn't -- I wasn't asked. 11:51:28

6 BY COUNSEL SWAMINATHAN:

7 Q You weren't asked?

8 A Correct. I submitted a proposal to -- to  
9 present, and it was accepted.

10 Q When was it accepted? 11:51:33

11 A Oh, I don't remember the date. In general,  
12 they were four to six months ahead of the date of  
13 the conference itself.

14 Q Got it. And what did you have to submit in  
15 order to vie for a spot to present at this annual 11:51:47  
16 meeting?

17 A A form and a, roughly, one-paragraph summary.

18 Q And to the best of your recollection, what  
19 did you say in that one-paragraph summary?

20 A Roughly the same material that's contained in 11:52:03  
21 my report.

22 Q Can you give me a brief summary of what you  
23 mean by that?

24 A That very many people exaggerate the amount  
25 of suicide and suicidality that occur- -- that's 11:52:14

1 reported amongst trans populations.

2 Q Got it. And were you paid to give that  
3 presentation?

4 A No.

5 Q No? And you said this presentation focuses 11:52:30  
6 on transgender children and adolescents or some  
7 other population?

8 A Transgender children and adolescents.

9 Q Does this -- did the presentation you give at  
10 all focus on transgender children and adolescents 11:52:45  
11 participating in athletics?

12 A No.

13 Q No? Okay.

14 Then you told me that number 23 also focuses  
15 on transgender people and gender-dysphoric people; 11:52:58  
16 right?

17 It's a presentation from August 2003. And I  
18 take it where you're the only person listed in the  
19 front, you are the only presenter; is that right?

20 A Yes. 11:53:16

21 Q Okay. And so this presentation was titled  
22 "Sex reassignment on demand: The clinician's  
23 dilemma." And this paper was presented at the 111th  
24 annual meeting of the American Psychological  
25 Association in Toronto, Canada; is that correct? 11:53:34

1 A Yes.

2 Q So was this an American Psychological  
3 Association annual meeting in Canada?

4 A Yes.

5 Q Do they typically have their annual meetings 11:53:49  
6 in Canada?

7 A Oddly, more -- more frequently than you would  
8 think. A -- Toronto is a very popular city for --  
9 for the APA.

10 Q Interesting. Okay. 11:54:00

11 And so you testified that in the previous  
12 presentation that we spoke about, you submitted a  
13 form requesting to present at that meeting.

14 Did you do the same for this annual meeting?

15 A I don't remember the exact process anymore, 11:54:15  
16 but it was roughly the same.

17 Q So you requested your -- your participation  
18 in this meeting as opposed to someone reaching out  
19 to you, asking you to present at this meeting;  
20 right? 11:54:29

21 A Correct.

22 Q Okay. And what were you presenting on?

23 A I was presenting on my experiences, now  
24 having had the first several years of my experience  
25 working with people, in turn working with their 11:54:45

1 gender identities.

2 Q So you were presenting on your own  
3 experience; right?

4 A I was couching everything in my experience,  
5 but it was meant to be a tutorial to help other 11:55:03  
6 clinicians who were preparing to do the same thing.

7 Q Did you present any data at this annual  
8 meeting?

9 A No, I did not.

10 Q No? Did you present any original research of 11:55:15  
11 yours at this annual meeting?

12 A No, I did not.

13 Q Okay. And at this meeting, did any portion  
14 of your presentation focus on transgender children  
15 or adolescents? 11:55:32

16 A No.

17 Q Okay. 25, I believe you said, was the -- the  
18 last one that focuses on transgender identities and  
19 people with gender dysphoria; right?

20 A That sounds right, yes. 11:55:55

21 Q Okay. And so this was a presentation given  
22 in 2002, August 2002. And, again, you were a sole  
23 presenter here. And your presentation -- or your --  
24 title of your paper that was presented at the 110th  
25 annual meeting of the American Psychological 11:56:18



1 Association, this time in Chicago, was titled  
2 "Gender role in autogynephilic transsexuals: The  
3 more things change..."; is that correct? Did I read  
4 that correctly?

5 A Yes. 11:56:38

6 Q Is there anything after that ellipses that  
7 was just left out because of lack of space, or is  
8 that --

9 A No. The ellipses were part of the title.

10 Q Part of the title. Okay. 11:56:46

11 And did you submit a similar form to present  
12 at the 110th annual meeting of the -- are you okay  
13 if I call it the APA? Is that an acronym you're  
14 familiar with?

15 A I'm familiar with it. I'm fine in this 11:56:59  
16 context. My single hesitation is that it's easy to  
17 confuse the American Psychological Association with  
18 the American Psychiatric Association since both get  
19 abbreviated APA.

20 Q I will go through the process of saying the 11:57:15  
21 whole term.

22 So for the 110th annual meeting of the  
23 American Psychological Association, were you asked  
24 to present at this meeting, or did you submit a  
25 form, similar to the 111th? 11:57:30

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1 A I submitted an application to present.

2 Q Okay. And I assume that application was  
3 accepted?

4 A Yes.

5 Q Were you paid to give that presentation? 11:57:43

6 A No.

7 Q No? And can you tell me a bit about the  
8 substance of that presentation?

9 A Yes. I was presenting to the audience the  
10 existence of autogynephilia, which most people, 11:58:04  
11 especially then, were very unfamiliar with.

12 Q So you said most people were unfamiliar with  
13 it then.

14 Do you know of anyone else who was as  
15 familiar or similarly familiar with autogynephilia, 11:58:21  
16 at the time, as you were?

17 A Yes.

18 Q Any prominent researches come to mind? Would  
19 you be able to -- to name a few?

20 A Certainly. Even the names that have been 11:58:37  
21 mentioned already, J. Michael Bailey, Ray Blanchard  
22 and Maxine Petersen.

23 Q Any others come to mind?

24 A Again, it's a large literature. Many people  
25 have published on it. The largest other name that 11:58:51

1 quickly comes to mind is Anne Lawrence. Again,  
2 herself an openly trans woman.

3 Q And, again, you said that at the time,  
4 though, it wasn't a very well-known subject for most  
5 people at this conference? 11:59:09

6 A Correct.

7 Q And, again, this presentation did not focus  
8 on transgender children and adolescents with gender  
9 dysphoria; right?

10 A Correct. 11:59:26

11 Q And it didn't focus on transgender children  
12 and adolescents participating in athletics, did it?

13 A Correct, it did not.

14 Q Okay. And then if you could turn to page 25  
15 of your CV. I think it's PDF page 93. 11:59:48

16 A Yes.

17 Q I understand that this is a list of teaching  
18 and training, and so I assume that to mean that you  
19 were the supervisor of these students or fellows  
20 listed on this page; right? 12:00:14

21 A Correct.

22 Q Is this a comprehensive list, in addition to  
23 the back, which says -- on page 26, which continues  
24 the list at CAMH clinical supervision, doctoral- and  
25 masters-level practice, do these two pages cover 12:00:29

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1 your teaching and training experience?

2 A Yes.

3 Q Okay. So did you ever provide educational  
4 training to the individuals that you supervised  
5 related to transgender people? 12:00:43

6 A One second. I'm just running through them in  
7 my head.

8 Q No problem.

9 A Some of the students had some trans clients  
10 or a gender dysphoria-related question over the 12:01:21  
11 course of a specific case, but none -- and some of  
12 my students were co-supervised by other supervisors  
13 who took the lead role, specifically in their  
14 gender -- in cases that they did have with gender  
15 dysphoria, but I myself didn't do the primary 12:01:41  
16 supervision of a case specifically about gender  
17 dysphoria.

18 Q Got it. So you did not specifically take the  
19 lead role in supervising them on issues of gender  
20 dysphoria; right? 12:01:56

21 A Correct.

22 Q Okay. Did your supervision of these students  
23 ever involve providing care to transgender adults?

24 A Yes.

25 Q Can you tell me about that? 12:02:17

1           A     Again, some of the -- although some of the  
2           clients weren't in to talk about trans issues  
3           themselves, some of them happened to have been  
4           trans. So it was related, but not a primary focus of  
5           the treatment.

12:02:33

6 Q Got it. So it was not a primary focus of the  
7 treatment, but their identities might have been  
8 relevant to transgender issues and gender dysphoria;  
9 is that correct?

10	A Yes, that's correct.
----	------------------------

12:02:44

11 Q Okay. Did your supervision ever involve  
12 research around puberty-delaying treatment  
13 prescribed to transgender children?

14	A No.
----	-------

15 Q What about transgender adolescents?

12:02:59

16	A	No.
----	---	-----

17 Q Did your supervision ever involve research  
18 around prescribing hormones to transgender adults?

19	A	No.
----	---	-----

20 Q Did your supervision ever involve research

21 and -- sorry, strike that.

12:03:14

22 Did your supervision ever involve prescribing  
23 hormones to transgender adults?

24	A	No.
----	---	-----

25 Q Okay. We're finally through your resumé,

12:03:33

1 which may provide some sense of relief, and I want  
2 to talk more about your involvement in this case.

3 So how did you first learn about this case?

4 A I was contacted by the lawyers, who informed  
5 me. 12:03:58

6 Q Who were those lawyers?

7 A The ADF team. I don't -- oh, no, no, no.  
8 I'm sorry. No, I was contacted by the attorney  
9 general's office in West Virginia, who -- who told  
10 me about the case and asked if I would be willing to 12:04:19  
11 participate.

12 Q And when did that contact occur?

13 A I don't recall exactly. Roughly six months  
14 ago.

15 Q Okay. And had you worked with anyone from 12:04:31  
16 the AG office of West Virginia before?

17 A Before this --

18 MR. BARHAM: Objection; form.

19 BY COUNSEL SWAMINATHAN:

20 Q I'm sorry, before -- 12:04:47

21 A No, I hadn't.

22 Q Had you spoken to anyone at the AG's office  
23 of West Virginia before this case?

24 A No.

25 Q Okay. And why did you agree to serve as an 12:04:55

1 expert in this case?

2 MR. TRYON: Objection to the extent that it  
3 calls for any attorney-client information.

4 You can answer to the extent you do not  
5 reveal any communications with your attorneys. 12:05:11

6 COUNSEL SWAMINATHAN: Objection noted.

7 Thank you, Counsel.

8 THE WITNESS: I felt interested and  
9 qualified.

10 BY COUNSEL SWAMINATHAN: 12:05:21

11 Q Okay. And, again, you said that you were  
12 first reached out to by the AG's office of  
13 West Virginia.

14 When did you hear from ADF, again?

15 MR. BARHAM: Objection. To the extent that 12:05:32  
16 it calls for any communication between the witness  
17 and legal staff, I'm going to instruct him not to  
18 answer so as to preserve the attorney-client  
19 privilege.

20 COUNSEL SWAMINATHAN: Sure. I'm -- I'm not 12:05:50  
21 asking the witness to disclose any attorney-client  
22 communications. I'm simply asking him when he was  
23 first contacted by any member of the Alliance  
24 Defending Freedom team.

25 MR. BARHAM: You can answer. 12:06:07

1 THE WITNESS: A few months after I was  
2 contacted by the West Virginia AG's office.

3 BY COUNSEL SWAMINATHAN:

4 Q So that would put you at about three months  
5 ago, right, since you said it was about six months 12:06:14  
6 ago that you were contacted by the West Virginia  
7 AG's office?

8 A That's roughly correct.

9 Q Roughly correct. Okay.

10 And who reached out to you? 12:06:31

11 A Oh, I don't remember who from the team. I  
12 believe it was Roger Brooks.

13 Q Okay. And, again, I am not seeking any  
14 communications you had with counsel, but I just  
15 wanted to know the timing of that. 12:06:43

16 And so you said you agreed to serve as an  
17 expert in the case, as you were interested and  
18 qualified; correct?

19 A Yes.

20 Q What is your understanding of why you were 12:06:56  
21 qualified to serve as an expert in this case?

22 A Because I have a very substantial background  
23 in the relevant subject matter and science.

24 Q And can you describe your interest more, in  
25 this case? 12:07:15



1           A    My interest is indeed in the science and in  
2           any opportunity that I have to provide that science  
3           so it can be used for public policy.

4           Q    Got it.  Okay.

5                   And so you said the AG's office reached out           12:07:31  
6           to you about six months ago, but if you remember,  
7           the document that we reviewed, which is marked  
8           Exhibit 44, which is the declaration that you  
9           submitted in conjunction with the preliminary  
10          injunction motion, that motion was dated -- or           12:07:49  
11          sorry, that declaration was dated June 22nd, 2021;  
12          right?

13          A    Yes, that's the date.

14          Q    So if the AG's office of West Virginia  
15          contacted you about six months ago, which is about           12:08:08  
16          October, who contacted you in connection with  
17          drafting this declaration in June of 2021?

18          A    Again, I believe the person I was contacted  
19          by was Roger Brooks.

20          Q    So during the period of June 2021, you had           12:08:46  
21          only spoken to Roger Brooks, not anyone at the AG's  
22          office of West Virginia; right?

23                   MR. TRYON:  Objection.

24                   THE WITNESS:  I think --

25                   MR. BARHAM:  Object -- objection as to form.           12:09:08

1 THE WITNESS: Unless I misunderstood your  
2 question, the original question was contacted for  
3 this case. I had received contact from the ADF team  
4 regarding prior cases. And the other exhibit is  
5 from a deposition I gave in a prior case that was 12:09:25  
6 then reused for this case.

7 So the date of the prior document I prepared  
8 is dated for -- from the prior case rather than when  
9 I was contacted for this case.

10 COUNSEL SWAMINATHAN: Court reporter, can you 12:09:46  
11 please read back my original question?

12 THE REPORTER: Yes. So the last one was

13 "Q So during the period of June 2021..."

14 Is that the question you want read back?

15 COUNSEL SWAMINATHAN: Actually, I think it's 12:08:48  
16 either the question before that -- it's the one  
17 pertaining to when he was first contacted about this  
18 case.

19 (Record read.)

20 BY COUNSEL SWAMINATHAN: 12:10:28

21 Q And, Dr. Cantor, you testified that, you  
22 know, this was an expert report in connection with  
23 another case, but I presume someone contacted you  
24 about the declaration that you submitted on  
25 June 22nd, 2021, in this case, which has your 12:10:36

1 signature on the second page of the PDF; right?

2 A It has my signature, yes.

3 The AG in West Virginia already had a copy of  
4 my prior report and asked me if it would be okay for  
5 them to use that, to which I agreed. 12:10:55

6 Q Yeah. So who contacted you and asked you  
7 whether it was agreeable for them to use this prior  
8 expert report?

9 A The AG's office.

10 Q And when did that contact happen? 12:11:09

11 A That's what was about six months ago.

12 Q How could that possibly be about six months  
13 ago if it was executed with your signature on  
14 June 22nd, 2021?

15 A Oh, now I'm seeing it -- okay. Now I got it. 12:11:21

16 So it would have been older than six months  
17 ago. As I said, it was really only -- only rough,  
18 my estimation of the time.

19 Q Got it. And so -- I appreciate that.

20 And so this report was not tailored to this 12:11:42  
21 case at all?

22 A The prior case? The --

23 Q I apologize. I can be more clear.

24 So this report that was attached to the  
25 declaration of the June 22nd, 2021, executed 12:11:59

1 document was not changed at all when used in this  
2 case; am I right?

3 A The submission to -- to the prior case wasn't  
4 changed at all when it was submitted for use in this  
5 case, and then I updated it for -- to submit a 12:12:21  
6 report specific to this case.

7 Q Right. I'm just trying to understand that  
8 this expert report that was attached to the  
9 declaration on June 22nd, 2021, was not changed at  
10 all from its prior use in the Allan Josephson case; 12:12:38  
11 is that right?

12 A Correct.

13 Q Okay. Thank you.

14 And so you testified earlier that your main  
15 area of expertise is studying atypical sexual 12:12:53  
16 patterns -- or atypical sexualities and paraphilias;  
17 right?

18 A Yes.

19 Q What is your understanding of a paraphilia?

20 A Oh, goodness. The term "paraphilia" is used 12:13:10  
21 different ways by different people in different  
22 contexts. Most broadly it refers to the highly  
23 atypical sexual interest that dominate a person's  
24 life and interact with or prevent them from having  
25 a -- an otherwise typical sexual life. 12:13:34

1 Q So do you view being transgender as a  
2 paraphilia?

3 A No.

4 Q No. Okay.

5 And how much time do you spend researching 12:13:53  
6 paraphilias?

7 A Oh, currently?

8 Q Currently, yes.

9 A About half my time.

10 Q Okay. And you said that you also focus on 12:14:15  
11 atypical sexualities. And would that include  
12 hypersexuality? Is that an atypical sexuality?

13 A Yes.

14 Q What is hypersexuality?

15 A Generally, these are people who are trying to 12:14:31  
16 reduce their sexual behaviors in one way or another.

17 There is no formal definition.

18 Q And how much time do you spend researching  
19 hypersexuality?

20 A These days, roughly 10 percent. 12:14:47

21 Q Okay. And I think you mentioned that you  
22 also spend time researching sex addiction; is that  
23 correct?

24 A Yes.

25 Q What is sex addiction? 12:15:03

1           A    "Sex addiction" is a popular term.  It's  
2           essentially a synonym for hypersexuality.

3           Q    Oh, okay.  So would you say that you spend  
4           about 10 percent of your time, in that same 10  
5           percent that we spoke about for hypersexuality,           12:15:21  
6           researching sex addiction?

7           A    Yes.

8           Q    Okay.  And I understand that you also  
9           research pedophilia; correct?

10          A    Yes.   12:15:31

11          Q    What do you understand pedophilia to be?

12          A    The sexual attraction to children.  The  
13          formal diagnosis is more rigid.

14          Q    Apologies, I -- the formal diagnosis is what?

15          A    More rigid.                                   12:15:50

16          Q    More rigid.

17               What -- what is the formal diagnosis?

18          A    The formal diagnosis of pedophilic disorder  
19          is somebody who's sexually attracted to prepubescent  
20          children more than they are attracted to adults.           12:16:02

21          Q    Thank you.

22               And so how much time do you spend researching  
23          pedophilic disorders?

24          A    Currently, roughly 10 to 20 percent.

25          Q    Okay.  And so we were speaking earlier about       12:16:21

1 autogynephilia, and I just want to get a clear  
2 understanding.

3 So is autogynephilia a paraphilia?

4 A Yes, it is.

5 Q Why is it a paraphilia? 12:16:33

6 A It's a highly atypical sexual interest  
7 pattern that can interfere or interact with a  
8 person's usual sexual life.

9 Q Okay. But being transgender is not a  
10 paraphilia; right? 12:16:51

11 MR. BARHAM: Objection.

12 THE WITNESS: Correct.

13 BY COUNSEL SWAMINATHAN:

14 Q Okay. So we've got about, I think, 80  
15 percent of your time covered now with -- with what 12:17:02  
16 we've spoken about, about what your research focuses  
17 on.

18 What does the other 20 percent focus on?

19 A I wouldn't add the percentages quite so  
20 easily because these topics overlap so much. For 12:17:18  
21 example, a person with -- with autogynephilia, but  
22 doesn't want to be autogynephilic, might refer to  
23 themselves as a sexual addict because they feel like  
24 that they're addicted to the related pornography.

25 So which way it gets classified depends on 12:17:39

1 what classification system a person -- a person is  
2 using.

3 Q And so you testified earlier that  
4 autogynephilia is a paraphilia, but being  
5 transgender is not a paraphilia. 12:17:56

6 Why is a transgender identity not a  
7 paraphilia?

8 A More than one thing can motivate a person to  
9 want to live as the other sex. Autogynephilia is  
10 only one of them. 12:18:14

11 Q So being transgender is not a paraphilia  
12 because there are multiple -- multiple reasons for  
13 why an individual can identify as transgender; is  
14 that right?

15 A Yes, that's correct. 12:18:30

16 Q Okay. And what are the other reasons behind  
17 autogynephilia that go into that?

18 A The other primary one that's been identified  
19 is sexual orientation, homosexuality.

20 Q So homosexuality is, in your mind, a 12:18:47  
21 contributing factor to someone identifying as  
22 transgender?

23 A It can motivate a person to feel gender  
24 dysphoric, yes.

25 Q What do you mean by "motivate"? 12:19:01



1 A Be the source of the desire to change.

2 Q Is there anything else that comes to mind  
3 when you said that there are multiple contributing  
4 factors that prevent -- or that in your mind do not  
5 categorize transgender -- diagnoses of gender 12:19:23  
6 dysphoria as paraphilias?

7 We mentioned autogynephilia, and we mentioned  
8 homosexuality. Are there any others?

9 A The remaining predominant one I would  
10 describe, as I described them in my report, 12:19:39  
11 individuals, typically young, who mistake the  
12 emotions that they're having to be gender dysphoria  
13 when they're actually motivated by something else,  
14 for example, a desire not to be associated with the  
15 sex that they would be biologically associated with. 12:19:58

16 Q And so beyond what you just described, what  
17 other emotions are these young individuals feeling  
18 that would make them want to be the other sex?

19 A That's a subject of ongoing -- ongoing  
20 investigation. We have some educated guesses, but I 12:20:18  
21 can't say that the question has been entirely --  
22 entirely answered.

23 Q And so similar to autogynephilia or  
24 homosexuality, is there a term to describe these --  
25 the experiences of these young individuals who 12:20:35

1 mistake emotions that they are having for gender  
2 dysphoria?

3 A I can't think of a widespread term, no.

4 Q Is there any term that you use for it, to  
5 describe that phenomenon? 12:20:52

6 A No, I don't think so.

7 Q Okay. So is it your testimony that anyone  
8 who is transgender is transgender either due to  
9 autogynephilia, homosexuality or a mistake they've  
10 made as a -- as a younger individual and the 12:21:13  
11 emotions that they are misconstruing as  
12 gender-dysphoric feelings? Is that your  
13 understanding?

14 A That's the best summary we have of the -- of  
15 the existing research, yes. 12:21:27

16 Q Okay. When did you become interested in sex  
17 research?

18 A Oh, I think I was probably always interested  
19 in sex research, and then I just found a way to make  
20 a living at it. 12:21:45

21 Q Okay. So I'm going to introduce tab 4, which  
22 will be marked as Exhibit 46. And it will take one  
23 minute to show up, so please give the system a  
24 second.

25 (Exhibit 46 was marked for identification 12:21:59

1 by the court reporter and is attached hereto.)

2 COUNSEL SWAMINATHAN: And, Travis, we can  
3 break after this -- after this exhibit.

4 BY COUNSEL SWAMINATHAN:

5 Q Can you see it there, Dr. Cantor? 12:22:16

6 A Not yet. Ooh. Oh, yeah.

7 Q Great. Okay.

8 And so this is an -- my -- my understanding  
9 of this document is that the Kinsey Institute, which  
10 is associated with Indiana University, has an 12:22:35  
11 interview series, and they had a conversation with  
12 Dr. James Cantor, which I presume is you, in this  
13 context; is that true?

14 A Yes, it is.

15 Q Do you remember this interview? 12:22:49

16 A I can't say that I remember it specifically.  
17 I give a lot of interviews. But I remember its  
18 author, Justin Lehmiller, and I remember, roughly,  
19 the -- the kind of interview. But as I say, I can't  
20 take this specific interview out of the many that I 12:23:08  
21 do.

22 Q That's fair.

23 I would love to give you just a -- a moment  
24 to review, if you want to reflesh -- refresh your  
25 recollection. 12:23:20

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1 And I believe the question on the first page,  
2 by Lehmiller, is (as read):

3 "As a sex researcher, one of the  
4 most common questions you get asked  
5 is how you got into this line of 12:23:48  
6 work in the first place. So let's  
7 start there--what is it that drew you  
8 to this field of study? What's the  
9 story behind how you became a sex  
10 researcher?" 12:24:01

11 Did I read that correctly?

12 A Yes.

13 Q And when you answered, it says (as read):

14 "Cantor: I think it was mostly dumb  
15 luck." 12:24:12

16 Did I read that correctly?

17 A Yes.

18 Q What do you mean when you say that it was

19 mostly dumb luck that you got into the sex  
20 researcher line of work? 12:24:24

21 A I was referring, at that point, specifically  
22 to the people who were my supervisors when I started  
23 my clinical internship. It's because they had a --  
24 it's because they were doing active sex research and  
25 the atypical sexualities that I got exposed to it 12:24:43

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1 with the depth that I did, with, you know -- with  
2 experts as well known as -- as they were.

3 I didn't pick that internship site because of  
4 the research that was going on there. I went for a  
5 relatively usual clinical experience where I thought 12:25:00  
6 my clinical experience with the trans patients would  
7 be the most relevant to my career.

8 And it's just because the other half of my  
9 exposure was with sex offenders and sex offender  
10 research that I realized that there was an 12:25:17  
11 opportunity there for me to think and research more  
12 broadly than I was -- than I had planned.

13 Q And you said you have done a number of these  
14 interviews, correct, over the course of your career?

15 A Yes. 12:25:32

16 Q And, you know, you strive to give accurate  
17 information in these interviews to the questions  
18 you're asked; right?

19 A Yes.

20 Q Yes. Okay. 12:25:42

21 Can you turn to the next page, please? I  
22 think it's page 2 of the document.

23 And Lehmler asks you what your primary area  
24 of research and what methods do you typically use to  
25 answer your research questions. 12:25:59

1           Lehmiller asks you this question right after  
2   the first paragraph at the top.

3 And your response is, quote, (as read):

4	"My primary research opportunities
---	------------------------------------

```
5 |         have involved studying sex                                12:26:11
```

6 offenders, mostly pedophiles and

7 | persons with other atypical

8 sexualities whose behaviours led

9 |           them into the legal system."

10	Did I read that correctly?	12:26:23
----	----------------------------	----------

11	A Yes.
----	--------

12 Q And would it be fair for me to say that most

13 | of the patients that you work with are those who

14 have had contact with the legal system?

15	A	Depending on how you count them.	12:26:32
----	---	----------------------------------	----------

16	Q	Can you tell me a bit more about that? I
----	---	--

17 think I'm -- I'm trying to understand. Because you

18 | mentioned you have about 50 patients in your private

19 practice at any given point in time. Of those --

20	A Right.	12:26:51
----	----------	----------

21 Q -- patients, are -- are they mostly folks who

22 | have had some contact with the legal system?

23 A No, they are not. And that's why, as I say,

24 it's difficult to be able to count this way.

25	When I was doing research on sex offenders at	12:27:04
----	---	----------

1 CAMH, my clinical contact was largely limited to  
2 roughly an hour or two per person, focused very  
3 specifically on history-taking and very specifically  
4 on the elements that would be useful in getting that  
5 person into the right kind of a treatment program. 12:27:24

6 So those people count in very many thousands  
7 because it's an hour or two per person.

8 Q Got it.

9 A Actual ongoing treatment with a psychotherapy  
10 patient is an hour with that person per week, going 12:27:36  
11 on for many months.

12 Q So --

13 A So just counting number of people is  
14 incomparable unless you're counting the number of  
15 people in a comparable situation. 12:27:48

16 Q Totally understood.

17 So the distinction there is that the  
18 population that you worked with at CAMH is different  
19 than the population that you're currently working  
20 with in your private practice; is that right? 12:27:56

21 A Correct.

22 Q Okay. And is it accurate to say that your  
23 primary research opportunities have involved  
24 studying sex offenders?

25 A That would be fair, yes. 12:28:06

1 Q So how many of your current patients, without  
2 violating any HIPAA laws, have been adjudicated as  
3 sex offenders?

4 A Current patients?

5 Q Yes. 12:28:25

6 A None.

7 Q None? And how many, approximately, if you  
8 can give me a percentage, of the patients that you  
9 saw at CAMH have been adjudicated as sex offenders?

10 A 80 percent -- 12:28:38

11 Q 80 --

12 A -- ish.

13 Q Okay.

14 COUNSEL SWAMINATHAN: So this might be a good  
15 place for us to break, for you to get lunch. 12:28:45

16 If we can go off the record.

17 THE VIDEOGRAPHER: Yep. We are going off the  
18 record at 12:28 p.m., and this is the end of Media  
19 Unit No. 3.

20 (Recess.) 01:20:01

21 THE VIDEOGRAPHER: All right. We are back on  
22 the record at 1:20 p.m., and this is the beginning  
23 of Media Unit No. 4.

24 Go ahead, please.

25 ///



1 BY COUNSEL SWAMINATHAN:

2 Q So, Dr. Cantor, I understand you just had  
3 your lunch break. Did you have any conversations  
4 with your counsel during the lunch break?

5 A Not about the case, no. 01:20:19

6 Q They -- to clarify, they weren't about the  
7 substance of the deposition; right?

8 A Correct.

9 Q Great. So earlier this morning, you  
10 testified that in preparing for this deposition, you 01:20:30  
11 did a review to find updates in the literature; is  
12 that correct?

13 A Yes.

14 Q When did you complete this review?

15 A Oh, I would hesitate to say that I ever 01:20:41  
16 completed it or ever would complete it. I'm, you  
17 know, often scouring the literature, and I'm often  
18 made aware of new papers as they come out, and I  
19 keep a list to go -- to go back through them.

20 Q Understood. I -- I think -- 01:20:58

21 A So --

22 Q -- a better question then is, when did you  
23 conduct your review in preparation for this  
24 deposition?

25 A Right up through, let's say, a few weeks 01:21:03

1 before I submitted the final version. I don't  
2 remember the exact date.

3 Q Got it. And did you indeed find any updates  
4 in the literature that you thought to include in  
5 your updated report? 01:21:23

6 A I don't recall specifically. As I say, I  
7 keep a reading pile and a reading list, and every  
8 time I need to produce a document, I go through it  
9 and -- and update it. I can't say that I have a  
10 specific recollection of the size of that pile 01:21:38  
11 before this specific report.

12 Q Got it. So would you be able to give me a  
13 more general understanding of whether there was new  
14 literature that you reviewed in connection with  
15 drafting your second report? 01:21:50

16 A Yes, there -- there was a -- it had -- yes,  
17 there's been a pretty substantial increase relative  
18 to the very slow rate at which this literature  
19 was -- was growing. So there was a substantial  
20 amount published in 2020 and 2021 that -- that I 01:22:11  
21 needed to -- to include and -- that I needed to  
22 include.

23 Q And sitting here right now, you just can't  
24 remember the names of the specific articles or  
25 literature ; right? 01:22:25

1           A    No, I can't. Generally, I do it  
2           chronologically.

3           Q    Okay. I'm going to ask you a bit about the  
4           individual plaintiff in this case.

5                   So do you know who B.P.J. is? 01:22:33

6           A    Only in theory. I've never met the person.  
7           I couldn't -- and, of course, I have no direct  
8           contact with the -- with the client themselves.

9           Q    And you've never spoken to anyone in her  
10          family either; right? 01:22:51

11          A    Correct.

12          Q    You've personally not spoken to anyone at her  
13          school; right?

14          A    Correct.

15          Q    Have you reviewed any of B.P.J.'s medical 01:22:59  
16          records?

17          A    If I have, I'm not recalling. In general, I  
18          go through a medical record to take note of  
19          anything, you know, specific of relevance. If I did  
20          in this, I would have made such a note, and I don't 01:23:19  
21          recall doing so.

22          Q    So it's your testimony today that you -- you  
23          have not reviewed any of B.P.J.'s medical records;  
24          right?

25          A    Yes. 01:23:30

1 Q Okay. Did you read B.P.J.'s declaration in  
2 this case?

3 A Not that I recall, no.

4 Q You read the intervenor's declaration in this  
5 case; right? 01:23:46

6 A The interview?

7 Q The intervenor. My apologies.

8 A I'm sorry, who is this?

9 Q Lainey Armistead, the intervenor in this  
10 case. 01:23:57

11 A I'm -- did I see a copy of that?

12 Q I'm just trying to get an understanding of  
13 whether you read her declaration or not.

14 If you -- what might be helpful is if you  
15 turn to Exhibit 45, which is your expert report that 01:24:10  
16 you prepared in 2022, and on page 4 of that expert  
17 report -- I'll -- I'll wait for you to -- to get  
18 there so we can review.

19 A Oh, yes.

20 Q So fair to say number 9 on page 4 of your 01:24:40  
21 expert report says (as read):

22 "To prepare the expert report, I  
23 reviewed the following resources  
24 related to this litigation."

25 And A is H.B. 3293. 01:24:48

1 B, the amended complaint in this litigation.

2 C, Ms. Armistead's declaration.

3 Do you see that?

4 A Yes, I do.

5 Q Why did you read the intervenor's 01:25:00  
6 declaration?

7 A I was provided each of those documents in the  
8 beginning. I reviewed the documents to see if  
9 there's anything -- if there's anything relevant.  
10 There wasn't anything relevant that I could -- that 01:25:09  
11 I anticipated being in the report, so, of course, I  
12 concentrated on the materials that were relevant.

13 Q Got it. And is there any reason that you  
14 were not provided the plaintiff's declaration in  
15 this case, to your knowledge? 01:25:24

16 A I -- I couldn't say why I -- I have no idea  
17 why I wouldn't have been given something. I -- no,  
18 I have no idea why I wouldn't have been supplied  
19 with a -- with a copy.

20 Q That's fair. Okay. 01:25:38

21 So we're going to continue with Exhibit 45,  
22 which is your report, and can you please turn to  
23 page 3, which is just the page before the one you  
24 were on.

25 Can you please take a moment to review this 01:25:51

1 page and let me know when you're ready.

2 A Okay.

3 Q So the last paragraph on the page reads,  
4 quote, (as read):

5 "In addition, I have been asked to 01:26:28

6 provide an expert opinion on how

7 relevant professional organizations

8 have addressed these questions and

9 whether any of them have taken any

10 meritorious position that would 01:26:37

11 undermine West Virginia's Protect

12 Women's Sport Act (H.B. 3293)

13 ('Act'). As I explain in detail in

14 this report, it is my opinion that

15 Plaintiffs' expert reports display a 01:26:49

16 wide variety of flaws that call

17 their conclusions into question and

18 that no professional organization

19 has articulated a meritorious

20 position that calls into question 01:26:59

21 the basis for the Act."

22 Did I read that correctly?

23 A Yes.

24 Q So with respect to the Act, your role in this

25 case is to review the opinions of various 01:27:09

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1 professional organizations and determine if they  
2 have taken any meritorious positions that would  
3 undermine the Act; right?

4 A That included that, yes.

5 Q Are you offering any positions in support of 01:27:21  
6 the Act?

7 A I don't think I can be said to be offering  
8 any opinions in support or against the Act so much  
9 as providing the information that's in the science,  
10 and then the political and legal process need to 01:27:43  
11 integrate it into policy in the way that they do,  
12 but I'm not making any specific recommendation about  
13 any specific act.

14 Q So it's fair to say that you're not offering  
15 any positions in support of H.B. 3293; right? 01:27:57

16 MR. TRYON: Objection to form.

17 A Not in support of it. I can only say what  
18 elements of it are consistent or inconsistent with  
19 the existing science.

20 BY COUNSEL SWAMINATHAN: 01:28:13

21 Q And are those opinions of whether they are  
22 consistent or inconsistent included in your report?

23 A Yes.

24 Q So is your main role here today to show that  
25 the organizations have not, in your view, undermined 01:28:26

1 the Act?

2 A I'm sorry, say that again.

3 Q Is your role in providing your expert

4 testimony to show that the professional

5 organizations have not, in your view, undermined the 01:28:38

6 Act?

7 MR. BARHAM: Objection to form.

8 THE WITNESS: Is my position -- I'm sorry,

9 one more time.

10 BY COUNSEL SWAMINATHAN:

01:28:52

11 Q No problem. I want to make this as clear as

12 possible for you.

13 I'm just trying to understand that your role

14 is to show that no professional organization has

15 articulated a meritorious position that calls into 01:29:02

16 question the basis for the Act; right?

17 MR. TRYON: Objection.

18 MR. BARHAM: Objection to form.

19 THE WITNESS: I -- I don't think I can say

20 that that is my purpose, although I'm aware of the 01:29:13

21 legal context in which the questions are being asked

22 of me. But I'm not -- being asked of me. But --

23 but my only opinions are -- can be about -- can only

24 be about what is or is not supported by the science.

25 Where it goes from there is up to the -- it's up to 01:29:31

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1 others.

2 BY COUNSEL SWAMINATHAN:

3 Q Understood. So rather than your purpose,  
4 just one, you know, objective that you achieved via  
5 drafting this report is to opine on whether any 01:29:44  
6 professional organization has articulated a  
7 meritorious position that calls into question the  
8 basis for the Act; right?

9 MR. TRYON: Objection.

10 THE WITNESS: If I'm understanding properly 01:29:57  
11 the way you're asking the question, it's am I only  
12 going to give opinions one side versus the other,  
13 which is not correct. My role has been to assess  
14 altogether the role of the science regardless of  
15 which way those facts fall, not to cite the facts 01:30:16  
16 merely on one side of the argument.

17 BY COUNSEL SWAMINATHAN:

18 Q Right. And so you spoke about the science.  
19 So how do you believe that the Act is  
20 supported by the science that you're referring to? 01:30:27

21 MR. BARHAM: Objection as to form.

22 THE WITNESS: That question -- that question  
23 goes outside what I was -- what I've been asked to  
24 do. I was -- I'm not and did not include in my  
25 report the science specific to athletic performance. 01:30:56

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1 As my report contains, it is an overview and --  
2 describing the science of gender identity in  
3 general, which, of course, will get adopted into the  
4 question, but I am not offering an opinion on the  
5 amount, for example, by which being born male might 01:31:19  
6 serve as an athletic advantage relative to other  
7 females. I was not asked that question, and that  
8 question is not in my report, but that's the part  
9 that's most pertinent to the -- to the long  
10 question. 01:31:32

11 BY COUNSEL SWAMINATHAN:

12 Q So how is the science that you discuss in the  
13 report relevant to the Act?

14 MR. BARHAM: Objection to the scope and form.

15 THE WITNESS: In order for any government to 01:31:54  
16 institute policies that best integrate the science  
17 into whatever they do, they need to know that  
18 science. The same for Courts. So in order to  
19 balance whatever a Court perceives as the relevant  
20 issues, they need that information before them to 01:32:10  
21 make the -- to make any decision.

22 BY COUNSEL SWAMINATHAN:

23 Q But you're not a lawmaker; correct?

24 A Correct.

25 Q And you're not offering an expert opinion 01:32:23

1 regarding whether science supports the Act; right?

2 A I wasn't asked to review the part of the  
3 science that is most directly involved in the Act,  
4 that is to say, specifically differences in athletic  
5 performance between the genders -- sexes, I should 01:32:45  
6 say.

7 Q But it's fire say that you're not offering an  
8 expert opinion regarding whether science supports  
9 the Act; right?

10 MR. TRYON: Objection. 01:32:54

11 THE WITNESS: I -- the questions, as posed to  
12 me and as phrased in my report, are neither to  
13 support nor to detract from the law but merely  
14 summarize the science and indicate parts of overlap  
15 and parts of contradiction. None of it is in -- is 01:33:21  
16 in -- is a means to accomplish any specific end.

17 BY COUNSEL SWAMINATHAN:

18 Q Dr. Cantor, I think my question might be a  
19 yes-or-no question. I am just asking, you know,  
20 whether you believe that you're offering testimony 01:33:36  
21 today and in connection with your report as to  
22 whether science supports this act.

23 I understand that earlier you said you were  
24 not offering an opinion on whether -- on -- on  
25 either side, whether to support or not support 01:33:53

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1 the Act.

2 So I think my question might be a yes-or-no  
3 question.

4 A I don't think it is a yes-or-no question.

5 Science is, you know, complicated. There are -- 01:34:03  
6 this issue is complicated. And it's quite feasible  
7 that, you know, pieces of science will support some  
8 aspects and not others.

9 Q Okay. So, again, if you can clarify, what in  
10 your report is relevant to the Act? What testimony 01:34:19  
11 that you've offered in your report is relevant to  
12 the Act?

13 A All of it.

14 Q How is all of what you offer relevant to  
15 the Act? 01:34:32

16 A In a decision made to affect trans people,  
17 one needs to be, as much as possible, aware of the  
18 science of trans people.

19 Q Okay. And so it's your testimony that all of  
20 the opinions that you offer in your report are 01:34:54  
21 opinions related to H.B. 3293; is that correct?

22 A Yes.

23 Q Okay. And you agree that the Act is a  
24 decision that's made to affect trans people;  
25 correct? 01:35:17

1 A I'm not a lawyer, but --

2 MR. TRYON: Objection.

3 THE WITNESS: I'm not a lawyer myself, but I  
4 think that's fair for me to say, yes.

5 BY COUNSEL SWAMINATHAN: 01:35:25

6 Q Okay. And what is your understanding of  
7 H.B. 3293?

8 A That it requires people who were born male to  
9 play -- it forbids people who were born male from  
10 playing on female teams. 01:35:36

11 Q And have you read the text of the Act?

12 A Yes, I have.

13 Q You've read it from top to bottom?

14 A From what I believe to be the top and what I  
15 believe to be the bottom, yes. 01:35:49

16 Q Okay. So what is your understanding of what  
17 the, quote, basis for the Act is?

18 MR. BARHAM: Objection as to form and the  
19 scope.

20 THE WITNESS: To ask for the basis of the Act 01:36:14  
21 I think is to ask what is on the minds of the  
22 political system and the politicians who created it,  
23 which, of course, I can't know.

24 BY COUNSEL SWAMINATHAN:

25 Q I'm -- I'm definitely not asking you to read 01:36:27

1 into the minds of the politicians.

2 I'm -- I'm going to read again the last  
3 sentence on page 3 of your expert report that says  
4 (as read):

5 "As I explain in detail in this 01:36:36  
6 report, it is my opinion that  
7 Plaintiffs' expert reports display a  
8 wide variety of flaws that call  
9 their conclusions into question and  
10 that no professional organization 01:36:46  
11 has articulated a meritorious  
12 position that calls into question  
13 the basis for the Act."

14 So I am simply asking you what your  
15 understanding of the basis for the Act is. 01:37:01

16 A That the Act was necessary to improve the  
17 lives of the students on these teams.

18 Q Can you be more specific about "the students  
19 on these teams"? What do you mean by that?

20 A To balance the rights, needs and privileges 01:38:00  
21 of each of the groups.

22 Q Who are the groups that we're speaking about?

23 A The people on the teams, the -- the  
24 competitors, the trans students and then their,  
25 typically, non-trans teammates. 01:38:13

1 Q And which teams are we specifically talking  
2 about?

3 A I wasn't -- I wasn't talking about any  
4 particular sport, but this -- this would be any  
5 sex-segregated teams. 01:38:28

6 Q Okay. And how did you develop the  
7 understanding that you just shared with me?

8 A I take it on general principles as the  
9 purpose behind any law is to improve the situation  
10 for the citizens relevant to it. 01:38:48

11 Q And how does this act impact the live --  
12 lives of trans students?

13 A I have no direct knowledge of that kind of  
14 impact outside of what's reported in the science,  
15 and I'm not aware of there being any objective signs 01:39:05  
16 measuring such an outcome.

17 COUNSEL SWAMINATHAN: Court Reporter, can you  
18 please read back Dr. Cantor's answer before this  
19 one?

20 (Recess.) 01:39:16

21 BY COUNSEL SWAMINATHAN:

22 Q So, Dr. Cantor, do you think that the Act  
23 improves the lives of trans students?

24 A There's no way for me to know that without  
25 data, and we don't have any. 01:39:43

1 Q Do you have data on how it improves the lives  
2 of non-transgender students?

3 A No. The topic hasn't been studied.

4 Q So your report discusses prepubertal kids;  
5 right? 01:40:05

6 A In part, yes.

7 Q A portion of your report discusses  
8 prepubertal kids; right?

9 A Yes.

10 Q That discussion does not pertain to the 01:40:13  
11 population affected by H.B. 3293; correct?

12 MR. BARHAM: Objection; form, scope and  
13 terminology.

14 MR. TRYON: Objection.

15 THE WITNESS: No, that's not correct. 01:40:27  
16 BY COUNSEL SWAMINATHAN:

17 Q How does your discussion about prepubertal  
18 kids pertain to the population affected by H.B.  
19 3293?

20 A The prepubertal kids become pubertal kids, 01:40:37  
21 then become adolescents, even though they are  
22 participating in these teams. For example, in  
23 teenagehood, they still are members of -- they are  
24 still a member of the demographic group where they  
25 were. So they would still represent a phenomenon of 01:40:52



1 child-onset gender dysphoria even after they cease  
2 to be a child.

3 Q What is your understanding of who is impacted  
4 by H.B. 3293?

5 A Participant- -- everyone who participates and 01:41:11  
6 follows in the -- the relevant sports.

7 Q And you said that prepubertal kids -- your --  
8 your discussion on prepubertal kids pertains to the  
9 population affected by H.B. 3293 because prepubertal  
10 kids become pubertal kids who become adolescents; 01:41:28  
11 right?

12 A Correct. The classifications are according  
13 to when the -- the dysphoria starts, not where it  
14 currently is.

15 Q So is it your opinion that adolescents are 01:41:40  
16 still prepubertal kids?

17 A No, they are not.

18 Q Your report discusses adult-onset gender  
19 dysphoria; right?

20 A Yes, it does. 01:41:58

21 Q That discussion also does not pertain to the  
22 population affected by H.B. 3293; right?

23 A That is not correct.

24 Q Can you explain to me how adult-onset gender  
25 dysphoria pertains to the population affected by 01:42:15

1 H.B. 3293?

2 A That's now a different question. You're now  
3 asking me about adult onset rather than adult trans  
4 people who may or may not have been dysphoric  
5 earlier.

01:42:29

6 Q Can you explain that difference to me?

7 A The -- the science demonstrates over and over  
8 again that the age -- the age of development at  
9 which one starts to feel highly dysphoric allows us  
10 to predict the -- predict many other phenomena and  
11 the life trajectory that the person is on.

01:42:46

12 If a person is adult onset, which not always,  
13 but in most of the literature is midlife, 30s and  
14 40s, this would be past the student athletics age,  
15 but if the person has -- but that's different from  
16 people who had childhood-onset dysphoria, continue  
17 to have that dysphoria and then eventually become  
18 adults.

01:43:06

19 Q What studies are you talking about when you  
20 just mentioned that there are studies with data that  
21 show over and over?

01:43:23

22 A The -- the -- the studies that show over and  
23 over -- which specific point?

24 Q Well, you just -- you tell me. You -- you  
25 were just talking about studies that show that

01:43:42

1 adult-onset gender -- the differences between  
2 adult-onset gender dysphoria and gender dysphoria in  
3 adults; right?

4 A Right.

5 Q I'm -- I'm just trying to understand what 01:43:54  
6 studies you were relying on when you just gave me  
7 that explanation of the differences.

8 A Oh. There are many dozen such studies,  
9 including those cited in my report. These are the  
10 studies that demonstrate that it's the adult onset, 01:44:08  
11 not the childhood onset which experience, for  
12 example, autogynephilia.

13 Q So you say there are dozens, and I absolutely  
14 do not expect you to recant every study cited in  
15 your report, but can you name a few studies that 01:44:23  
16 you're referring to?

17 A I can't recite their titles. The original  
18 author who started most of those were Ray Blanchard,  
19 and then many others have continued, such as  
20 Anne Lawrence, who I mentioned earlier. 01:44:40

21 Q And you've cited -- cited these studies in  
22 your report; is that correct?

23 A I don't recall exactly which of those studies  
24 that I mentioned, but in the section on adult-onset  
25 gender dysphoria, I provide the appropriate topic -- 01:44:54

1 provide the appropriate summary, with references.

2 Q Okay. And the discussion of adult-onset  
3 gender dysphoria is not relevant to the Act;  
4 correct?

5 MR. BARHAM: Objection; asked and answered. 01:45:11

6 MR. TRYON: Objection.

7 THE WITNESS: It -- no, it -- it is  
8 relevant -- no, it is relevant.

9 BY COUNSEL SWAMINATHAN:

10 Q I'm sorry, I don't think I heard an answer as 01:45:25  
11 to why it is relevant.

12 A Oh, I'm sorry. It's relevant in order to  
13 help understand, especially with so much  
14 misinformation being circulated today, which facts  
15 apply to which group. 01:45:42

16 Q Which groups are you speaking about?

17 A Which onset -- which age -- which type of  
18 onset of gender dysphoria we're talking about.

19 Q And --

20 A But -- 01:45:56

21 Q I'm sorry, go -- I apologize for cutting you  
22 off.

23 A Adult-onset gender-dysphoric individuals who  
24 come in and are otherwise mentally healthy are shown  
25 to do very, very well after transition. But one 01:46:10

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1 needs to know that phenomenon is limited to the  
2 adult onset type so as to not misapply it to the  
3 childhood onset types.

4 So even though the law would not directly  
5 pertain to the behaviors of the adult onset type, 01:46:22  
6 one needs to understand the functioning of the adult  
7 onset type so as not to confuse the information  
8 about it with information about the childhood onset  
9 type.

10 Q But we agree that the Act does not apply to 01:46:35  
11 the adults that we're speaking about; right?

12 MR. TRYON: Objection.

13 THE WITNESS: As I -- as I've just -- as I  
14 just explained, it's not relevant in a direct way,  
15 but in order to understand the information about 01:46:49  
16 childhood onset, one requires information about  
17 adult onset with which to contrast it.

18 BY COUNSEL SWAMINATHAN:

19 Q Okay. And your report also discusses people  
20 with the female sex assigned at birth? 01:47:02

21 A Yes.

22 MR. TRYON: Objection; terminology.

23 BY COUNSEL SWAMINATHAN:

24 Q That discussion also does not pertain to the  
25 population affected by H.B. 3293; right? 01:47:17

1 MR. TRYON: Objection.

2 MR. BARHAM: Objection; form, scope,  
3 terminology.

4 THE WITNESS: No, that is not correct either.

5 BY COUNSEL SWAMINATHAN: 01:47:25

6 Q So how does -- how does your report's  
7 discussion about people with a female sex assigned  
8 at birth pertain to the population effected by H.B.  
9 3293?

10 MR. BARHAM: Objection; terminology. 01:47:36

11 THE WITNESS: For the same reason. There's a  
12 great deal of information being offered -- being  
13 offered which pertains only to a certain subtype of  
14 gender dysphoria, and in order to make sure that  
15 like goes with like, one needs to understand all of 01:47:51  
16 them so information about one kind of transition  
17 doesn't get confused with other kinds of transition.

18 BY COUNSEL SWAMINATHAN:

19 Q Is it fair for me to say that H.B. 3293 does  
20 not determine whether a person with the female sex 01:48:07  
21 assigned at birth can play on any specific sports  
22 team; correct?

23 MR. BARHAM: Objection --

24 MR. TRYON: Objection.

25 MR. BARHAM: -- form, scope and terminology. 01:48:20

1 THE WITNESS: As I read the law, it doesn't  
2 alter directly or doesn't affect the -- the  
3 behaviors available for -- it is a one-way ban,  
4 not -- it bans people born as male to play on female  
5 teams, but not people born female to play on male 01:48:40  
6 teams, is my understanding of the law.

7 BY COUNSEL SWAMINATHAN:

8 Q Got it. And are you offering an expert  
9 opinion on whether transgender girls and women  
10 should be allowed to play on sports teams consistent 01:48:52  
11 with their gender identity?

12 A I'm not -- not offering such an opinion of my  
13 own. I'm just evaluating what's been circulating  
14 relative to the existing science.

15 Q So would you agree that H.B. 3293 is a 01:49:03  
16 one-way ban?

17 MR. TRYON: Objection.

18 MR. BARHAM: Objection; form and scope.

19 THE WITNESS: Again, I'm not a lawyer. I'm  
20 not aware of a technical definition for one way, but 01:49:19  
21 it certainly seems to fit that.

22 BY COUNSEL SWAMINATHAN:

23 Q So the population of people affected are not  
24 people with adult-onset gender dysphoria; right? We  
25 agree -- we discussed that; right? 01:49:33

1 MR. TRYON: Objection.

2 THE WITNESS: The law doesn't pertain to  
3 their behavior specifically, correct.

4 BY COUNSEL SWAMINATHAN:

5 Q And are you offering an opinion on whether an 01:49:40  
6 11-year-old transgender girl who has been on puberty  
7 blockers since Tanner stage II should be allowed to  
8 play on the girls' cross-country team consistent  
9 with her gender identity?

10 A I'm not offering a specific opinion like 01:49:54  
11 that, no.

12 Q Okay. Are you opining that H.B. 3293 is  
13 justified because it discourages children and  
14 adolescents from being on a pathway toward life as a  
15 transgender person? 01:50:12

16 MR. TRYON: Objection.

17 THE WITNESS: No, that -- no, I'm not.

18 BY COUNSEL SWAMINATHAN:

19 Q Do you believe that H.B. 3293 discourages  
20 children and adolescents from being on a pathway 01:50:22  
21 toward life as a transgender person?

22 MR. BARHAM: Objection.

23 MR. TRYON: Objection.

24 THE WITNESS: There's no way for me to know  
25 that. 01:50:33



1 BY COUNSEL SWAMINATHAN:

2 Q What is your understanding of the impact  
3 on -- of H.B. 3293 on the decision to transition for  
4 children and adolescents suffering from gender  
5 dysphoria?

01:50:46

6 A I'm not aware of that ever having been  
7 studied.

8 COUNSEL SWAMINATHAN: Okay. I'm going to  
9 introduce tab 5, which has been marked as  
10 Exhibit 47.

01:51:00

11 (Exhibit 47 was marked for identification  
12 by the court reporter and is attached hereto.)

13 BY COUNSEL SWAMINATHAN:

14 Q Again, it takes a moment to refresh and load,  
15 so please let me know when you have it.

01:51:32

16 A I have it.

17 Q Great. And have you seen this document  
18 before, Dr. Cantor?

19 A It's not looking familiar to me, no.

20 Q It's not looking familiar to you.

01:52:03

21 You did not help author this document, then,  
22 I understand; right?

23 A No.

24 Q Okay. I will represent to you that these are  
25 the State of West Virginia's responses to plaintiff

01:52:19

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1 B.P.J.'s first set of interrogatories, dated  
2 November 23rd, 2021.

3 I'm going to be focusing on page 9 of the  
4 document, if you are able to turn to page 9.

5 A One moment. 01:52:40

6 Q No problem. Take your time.

7 A Got it.

8 Q Great. And so Interrogatory No. 6, which is  
9 at the top of the document, asks the State to  
10 "Identify all governmental interests that YOU" -- 01:52:56  
11 the State of West Virginia -- "believe are advanced  
12 by H.B. 3293."

13 Do you see that?

14 A Yes, I do.

15 Q And the state, in its response, says (as 01:53:08  
16 read):

17 "Without waiver of any objections,  
18 the State asserts the following  
19 interests, primarily and in general,  
20 which are advanced by the Protection 01:53:19  
21 of Women's Sports Act."

22 And there are three items listed under there.

23 The first is "To protect Women's Sports." The  
24 second, "To follow Title IX." And the third, "To  
25 protect women's safety in female athletic sports." 01:53:33

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1 Do you see that?

2 A Yes, I do.

3 Q Okay. So are you offering an expert opinion  
4 with respect to whether H.B. 3293 serves the  
5 interest of protecting women's sports? 01:53:46

6 A I haven't been asked that, no.

7 Q Okay. And are you offering an opinion with  
8 respect to whether H.B. 3293 serves the interest of  
9 following Title IX?

10 A I haven't been asked that, no. 01:54:03

11 Q Okay. And are you offering an opinion with  
12 respect to whether H.B. 3293 serves the interest of  
13 protecting women's safety in female athletic sports?

14 A I have not been asked that, no.

15 Q And are you aware that H.B. 3293 applies to 01:54:20  
16 college athletes as well?

17 A Yes.

18 Q Do you have any opinions on whether H.B. 3293  
19 should apply to college athletes?

20 A I have no opinion in any direction. 01:54:33

21 Q Okay. So it's -- it's fair to say that you  
22 don't have an opinion on -- on that issue; right?

23 A Yes.

24 Q Okay. So I want to talk a bit about your  
25 experience with the treatment of gender dysphoria. 01:54:56

1 I understand earlier that you testified that  
2 you're not an endocrinologist; right?

3 A Yes.

4 Q And you personally have not diagnosed any  
5 child or adolescent with gender dysphoria; right? 01:55:05

6 A Correct.

7 Q And you personally have never treated any  
8 child or adolescent for gender dysphoria; right?

9 A Correct.

10 Q Okay. And you don't provide psychotherapy 01:55:18  
11 counseling to children or adolescents with gender  
12 dysphoria; right?

13 A Age 16 or above, I do. Under age 16, I do  
14 not.

15 Q And so it was your testimony earlier that you 01:55:38  
16 see about six to eight patients age 16 to 18;  
17 correct?

18 A Roughly, yes.

19 Q Roughly. And so roughly, of those six to  
20 eight patients, how many of those patients come to 01:55:49  
21 you suffering from gender dysphoria?

22 A Those -- those people come to me -- I'm  
23 sorry, could you ask that again?

24 Q Sure. I -- I must have phrased it poorly.

25 So of the six to eight patients that you see, 01:56:11

1 on average, who are ages 16 to 18, how many of them  
2 have a gender dysphoria diagnosis?

3 A I don't recall if they came in already with  
4 such a diagnosis or at least I don't recall how many  
5 would have had -- would have already been assigned 01:56:46  
6 such a diagnosis by another clinician before they  
7 got to me.

8 Q Would you be able to share with me roughly  
9 how many of them identify as transgender or gender  
10 dysphoric? 01:57:01

11 A When they come to me, they're not sure of  
12 what their identity is. That's often among their  
13 questions.

14 Q Okay. And what professional training or  
15 expertise do you possess to provide psychotherapy 01:57:14  
16 counseling to those adolescents who come to you  
17 questioning whether they have gender dysphoria or  
18 not?

19 A Do you mean my licensing or education?

20 Q Your licensing. 01:57:30

21 A My licensing is as a clinical psychologist,  
22 registered in Ontario, specifically for adults and  
23 adolescents age 16 and up.

24 Q Okay. And so that licensing does not  
25 pertain -- or allow you to provide psychotherapy 01:57:41

1 counseling to anyone under the age of 16; correct?

2 A Correct.

3 Q Okay. Are you familiar with the term  
4 "affirmation on demand"?

5 A Yes. 01:57:56

6 Q What does that term mean?

7 A It refers to permitting a person to engage in  
8 whatever available methods to acknowledge or to  
9 medically induce their transition with no other --  
10 with no evaluation or supervision. 01:58:15

11 Q Has any patient ever come to you asking for  
12 affirmation on demand?

13 A No.

14 Q What is your basis for saying that providers  
15 are providing affirmation on demand to children and 01:58:31  
16 adolescents with gender dysphoria?

17 A Through several venues. I get that  
18 information from parents, from people, you know, in  
19 society who e-mail me asking for help. There's a  
20 large number of media reports of it happening 01:58:49  
21 throughout the world, U.S., Canada and Europe. And  
22 there's now been -- there are now several  
23 governmental entities, mostly in Europe, are now  
24 beginning more formal investiga- -- investigations  
25 of it. 01:59:05

1 Q Okay. So let me see if I understand this  
2 correctly.

3 You said parents, people who e-mail you, news  
4 sources and information put out by government  
5 entities, most commonly in Europe; is that correct? 01:59:17  
6 Those are the sources from which you've heard that  
7 providers are providing affirmation on demand?

8 A That question sounds slightly different to  
9 me.

10 There's affirmation on demand as an idea. 01:59:36

11 Q Uh-huh.

12 A And then there are the actual processes that  
13 clinics are doing in which they're providing  
14 affirmation without sufficient evaluation. So it's  
15 starting to approach affirmation on demand, which 01:59:51  
16 would be the name for the most extreme version.

17 Q I see. And so have you spoken to providers  
18 who claim to provide affirmation on demand to  
19 children and adolescents with gender dysphoria?

20 A No. The people who are -- seem to be 02:00:11  
21 providing it deny that that's what they're doing.

22 Q Have you -- are you personally aware of any  
23 providers who fail to conduct the sufficient  
24 evaluation that you just mentioned that teeters on  
25 the edge of affirmation on demand? 02:00:25

1           A    I'm not clear on what you mean by "personally  
2    aware" beyond the way that I already described how I  
3    become aware of it.

4 Q I think I'm just trying to understand more  
5 how that you know for certain providers are 02:00:46  
6 providing affirmation on demand.

7           A     Again, that -- that seems to be the question  
8     you asked before, where it's a series of different  
9     kinds of sources.

10 Q But none of those sources are actual 02:01:00  
11 providers who provide this care; right?

12           A    Again, as I said already, most of the people  
13           who seem to be providing something that would  
14           reasonably be called that deny that that's what  
15           they're doing. 02:01:16

16 Q Has anyone at your hospital, to your  
17 knowledge, provided affirmation on demand?

18           A    When you say my hospital, I assume you mean  
19   my former affiliation at CAMH.

20	Q	Yes. Apologies.	02:01:33
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21 Has anyone, to your knowledge, at CAMH  
22 provided affirmation on demand?

23           A    No.  The clinic there is known for being  
24   cautious.

25	Q	So you've not talked to any other providers	02:01:48
----	---	---	----------



1 who have claimed to provide affirmation on demand;  
2 right?

3 A Correct. The people who seem to be providing  
4 it deny that that's what they're providing.

5 Q Okay. And your only evidence that 02:02:03  
6 affirmation on demand is being provided is from  
7 parents, from people and society directly e-mailing  
8 you, from news sources and from the government  
9 entity releases that you spoke about earlier; right?

10 A Correct. 02:02:19

11 Q Okay. Have you read any studies that show  
12 that providers are providing affirmation on demand  
13 to children and adolescents with gender dysphoria?

14 A No. No, I'm not. As I say, the -- the  
15 providers don't acknowledge that that's what they're 02:02:38  
16 doing to begin with, leaving little opportunity to  
17 study it at all.

18 Q Okay. What do you understand desistance to  
19 mean in the context of gender dysphoria?

20 A Different people use the words in slightly 02:02:53  
21 different ways or with different cutoffs, but in  
22 general, they -- they refer to a person realizing  
23 that they weren't actually trans after all.

24 Q So you said different people have maybe  
25 different definitions. 02:03:08

1           What is your definition of desistance?

2           A    I don't think I can really say that I have a  
3           definition so much as I do my best to understand  
4           what the person taking to me or the document that  
5           I'm reading, what they meant by it and then going       02:03:25  
6           with, you know, whatever meaning it is that -- that  
7           they meant.

8           Q    I guess I'm trying to understand.

9                   So in your professional practice, what  
10          different variations of understanding of the word       02:03:43  
11          "desistance" have you encountered?

12          A    Generally, they would differ according to how  
13          far along the transition process the person was to  
14          begin with. A person suspecting that they might be  
15          trans and then figuring out that they're not is very       02:03:59  
16          different from a person who transitions, socially  
17          changed a name and then changed it back, which is  
18          still again very different from somebody who has  
19          taken hormones or gone through surgery and then  
20          regrets that.   02:04:14

21          Q    Okay. You spoke about regret.

22                   What do you understand regret to mean in the  
23          context of desistance?

24          A    Wishes that they had never gone through  
25          transition to begin with.                                       02:04:24

1 Q Okay. And are you aware of any studies  
2 tracking desistance in adolescents with gender  
3 dysphoria?

4 A I'm aware of studies that have included it  
5 inside of a larger study of the phenomenon -- of 02:04:41  
6 trans adolescents in general. There have -- I've  
7 seen that there exists now a small handful of  
8 studies trying to survey those kids. I haven't  
9 studied them yet in any depth, however.

10 Q Okay. Would you know the names of any of 02:05:06  
11 these small handful of studies you just mentioned?

12 A Not offhand, no.

13 Q Would you know any of the authors of these  
14 studies or the people who are in the process of  
15 collecting this data? 02:05:21

16 A Not offhand, no.

17 Q Okay. And are any of these studies cited in  
18 your report?

19 A No, they are not.

20 Q Okay. So I'm going to introduce tab 7, which 02:05:29  
21 is going to be marked as Exhibit 48. Give me one  
22 moment for it to show up on your end.

23 Are you --

24 (Exhibit 48 was marked for identification  
25 by the court reporter and is attached hereto.) 02:06:07

1 THE WITNESS: Yes.

2 BY COUNSEL SWAMINATHAN

3 Q Great. Do you recognize this blog post,  
4 Dr. Cantor?

5 A Yes, I do. 02:06:16

6 Q So this is a blog post entitled "Do trans  
7 kids stay trans when they grow up?"

8 You authored this post in Sexology Today!;  
9 correct?

10 A Correct. 02:06:29

11 Q And you wrote this in 2016. It says  
12 January 11th, 2016; correct?

13 A That's right.

14 Q Okay. And so I want to turn your attention  
15 to the -- the second paragraph of -- the top of the 02:06:43  
16 page. You write (as read):

17 "Only very few trans- kids still  
18 want to transition by the time they  
19 are adults. Instead, they generally  
20 turn out to be regular gay or 02:06:57  
21 lesbian folks."

22 Did I read that accurately?

23 A Yes.

24 Q What does "regular gay or lesbian folks"  
25 mean? 02:07:08

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1           A    No other sexual interest phenomena that would  
2           better account or better describe what they're  
3           interested -- what they're interested in.

4           Q    What are non-regular gay or lesbian folks,  
5           then? 02:07:24

6           A    For example, somebody with a -- with a  
7           paraphilia or with a fetish that makes the  
8           determination of their sexual orientation a bit  
9           moot.

10          Q    What does that mean, to make it a bit moot? 02:07:36

11          A    That their sexual interest pattern doesn't  
12          follow along what most people are generally familiar  
13          with in -- in discussing attraction to men or  
14          attraction to women.

15          Q    Okay. So if a child's gender dysphoria were 02:07:53  
16          to persist and they continued to want to transition  
17          by the time they are adults, what are they, in your  
18          view?

19          A    If -- they would most -- they would be in the  
20          running to qualify -- the emotion they would be 02:08:11  
21          describing would be gender dysphoria. Whether they  
22          qualify for the diagnosis depends on -- would  
23          require a more fulsome assessment.

24          Q    Would they be irregular, in your mind?

25          A    They would be atypical in that it is 02:08:25

1 statistically a rarer phenomenon than cisgender is.

2 Q I heard you say, just a few seconds ago, they  
3 would be in the running for, and then you kind of  
4 cut off, I thought.

5 What did you mean to say when you said they 02:08:44  
6 would be in the running for? Would they be in the  
7 running for being transgender?

8 A Yes, that would be possible, but I can't make  
9 that kind of conclusion without the person  
10 undergoing, as I say, a more fulsome assessment, 02:08:57  
11 looking for other possible motivators for why they  
12 might feel gender dysphoria.

13 Q So what do you -- let's see.

14 Are you aware that gender identity and sexual  
15 orientation are distinct concepts? 02:09:12

16 A Yes.

17 Q Yes? Are you aware that someone can be  
18 transgender and gay?

19 A Yes, although the particular phrases become a  
20 little bit more complicated when a person is 02:09:24  
21 changing sex and you're trying to say what they're  
22 attracted to relative to the sex they are.

23 Q And is it equally as complicated for the  
24 understanding that someone can be transgender and a  
25 lesbian? 02:09:43

1 A Is it complicated? Yes.

2 Q Is it more complicated than someone being  
3 transgender and gay?

4 A No. This is the same complication.

5 Q The same complication. Okay. 02:09:56

6 Dr. Cantor, do you believe that social  
7 transition for gender-dysphoric adolescents after  
8 age 12 is appropriate?

9 A That's an empirical question -- that's an  
10 empirical question, and the science unde- -- is 02:10:17  
11 still somewhat undecided about it.

12 Q I'm just asking for your opinion, though.

13 Do you believe that social transition for  
14 gender-dysphoric adolescents after age 12 is  
15 appropriate? 02:10:35

16 A It's not possible to have an opinion outside  
17 of the science.

18 COUNSEL SWAMINATHAN: Okay. I'm going to  
19 introduce tab 23, which is now going to be marked as  
20 Exhibit 49. 02:10:49

21 (Exhibit 49 was marked for identification  
22 by the court reporter and is attached hereto.)

23 THE WITNESS: I see it.

24 BY COUNSEL SWAMINATHAN:

25 Q Great. And if you can turn to the second 02:11:15

1 page of this article, which is an article titled

2 "When is a 'TERF'" --

3 COUNSEL SWAMINATHAN: For the court reporter,

4 that's T-E-R-F.

5 BY COUNSEL SWAMINATHAN:

02:11:26

6 Q -- "not a 'TERF'?" authored on July 20- --

7 July 8th, 2020.

8 And this is an article written by you, right,

9 Dr. Cantor?

10 A Yes, it is.

02:11:36

11 Q And if you turn to page 2, you'll see, around

12 the middle of the page, the -- the third paragraph

13 that begins with (as read):

14 "I support age 12, not for any

15 ideological reason, but because that

02:11:51

16 is what the (current) evidence

17 supports: The majority of

18 prepubescent kids cease to feel

19 trans during puberty, but the

20 majority of kids who continue to

02:12:04

21 feel trans after puberty rarely

22 cease."

23 Do you see that?

24 A Yes, I do.

25 Q So is it fair to say that you support social

02:12:09

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1 transition for gender-dysphoric adolescents at age  
2 12?

3 A No.

4 Q No? So this article is authored in July of  
5 2020. 02:12:29

6 So has your opinion changed from July 2020 --  
7 July 2020 to now?

8 A Science has changed, and as I say, my opinion  
9 just follows the science.

10 Q How has the science changed? 02:12:42

11 A The -- several of the papers that were being  
12 circulated in the late 2019s have turned out to be  
13 wrong. Some were retracted. Some were reanalyzed,  
14 and it was shown that their results were not correct  
15 to begin with. And it was recognized that those 02:13:02  
16 studies which did seem to be indicating an  
17 improvement over -- over transition, such kids were  
18 receiving psychotherapy in addition to receiving  
19 medical transition.

20 Once that was recognized, we could no longer 02:13:15  
21 conclude that it was any -- the medical  
22 transition -- that it was the medical transition or  
23 any other transition being the source of the benefit  
24 rather than the psychotherapy itself.

25 So once the evidence supporting earlier 02:13:28

1 transition evaporated, then one's opinion of that  
2 science has to change with it.

3 Q So you mentioned studies that have been  
4 changed or retracted. What studies are you talking  
5 about? 02:13:42

6 A It's a series of -- a series of studies, all  
7 of which have been -- are cited in my report.

8 Q Can you name a few of those studies?

9 A I'm better with names if I could have my  
10 report in front of me at the same time. 02:13:56

11 MR. BARHAM: The latest report is Exhibit 45;  
12 is that correct?

13 COUNSEL SWAMINATHAN: That is correct.

14 THE WITNESS: Bränström and Pachankis 2019  
15 became retracted. 02:14:53

16 BY COUNSEL SWAMINATHAN:

17 Q Any others?

18 A Olson, et al., was demonstrated to be  
19 incorrect.

20 The Costa study, although it came out 02:15:37  
21 earlier, it then became better known once the other  
22 studies started -- after the other studies started  
23 showing that they were in error.

24 Q And you're talking about the Costa 2015; is  
25 that correct? 02:16:00

1 A Yes.

2 Q Okay.

3 A So those are the --

4 Q Okay. Thank you, Dr. --

5 A Those are the ones -- okay. 02:16:06

6 Q So, Dr. Cantor, what is the Dutch protocol?

7 A The Dutch protocol started outside of Canada.

8 The largest clinic for children's gender dysphoria

9 was in the Netherlands. They also took a

10 conservative method, like -- like the clinics in 02:16:26

11 Canada, where children who were otherwise qualified

12 would be allowed to begin taking puberty blockers at

13 age 14 and then cross-sex hormones at age 16.

14 Q And the Dutch protocol allowed for a social

15 transition after age 12; right? 02:16:46

16 A It was during adolescence. I don't recall

17 the specific age.

18 Q Let me turn your attention to a page in your

19 report that might help you reflect (sic) your

20 recollection. 02:17:02

21 So if you could turn to page 19 of your

22 report.

23 A One moment.

24 Q No problem.

25 And at the top of the page, it says that "The 02:17:23

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1 components of the Dutch Approach are: no social  
2 transition at all considered before age 12..." which  
3 they describe as the watchful waiting period.

4 A Correct.

5 Q So is it fair to say that the Dutch protocol 02:17:36  
6 allows for social transition after age 12?

7 A Allows for it? Yes.

8 Q So is it your opinion as you testify today  
9 that you disagree with the Dutch protocol with  
10 respect to the age at which it allows for social 02:17:53  
11 transition?

12 A There were some pieces missing in that.

13 As I said, the Dutch protocol, at the time,  
14 was developed on the data that was available at that  
15 time. Both have changed -- well, the Dutch 02:18:15  
16 protocol, as we call it, hasn't changed, but the  
17 clinics themselves have -- are now becoming more  
18 conservative, as the original version of the Dutch  
19 protocol has not been as well replicated.

20 But instead of clinics raising their 02:18:29  
21 standards, like is happening throughout Europe,  
22 clinics in the U.S. who are receiving reports are  
23 lowering their standards.

24 Q I see. And so if you look at page 18 of your  
25 report, just the page before, and you look at 02:18:42

1 paragraph 46, in the last sentence of your  
2 paragraph, you state, quote, (as read):

3 "Internationally, the Dutch Approach  
4 is currently the most widely  
5 accepted and utilized method for  
6 treatment of children who present  
7 with gender dysphoria."

02:18:54

8 End quote.

9 Do you agree with that statement?

10 A Yes, that would -- that would still be fair  
11 to say.

02:19:02

12 Q Okay. Dr. Cantor, what puberty-blocking  
13 drugs are you aware of?

14 A Oh, I couldn't tell them to you by name so  
15 much as by function.

02:19:20

16 Q What are you aware of about the function of  
17 puberty-blocking treatment?

18 A Well, there are a series of signals in the  
19 brain that indicate to different parts of the brain  
20 and different parts of the body when to -- that they  
21 should be maturing. The puberty blocker stops --  
22 stops that cycle.

02:19:34

23 Q And, again, you are not an expert in the  
24 different types of prescription drugs that are used  
25 as puberty-blocking agents; right?

02:19:50

1 A That is correct.

2 Q Okay. You have never obtained informed  
3 consent to provide puberty blockers; right?

4 A Correct.

5 Q And you've never had a patient sign an 02:20:03  
6 informed consent form relating to puberty blockers;  
7 right?

8 A Correct.

9 Q You personally have no experience with  
10 monitoring patients who are undergoing 02:20:15  
11 puberty-blocking treatment; right?

12 A Correct.

13 Q You don't know what type of monitoring is  
14 typically done or not done for those patients;  
15 right? 02:20:28

16 A That's part of medical practice.

17 Q That's not your practice; right?

18 A Correct.

19 Q Okay. Dr. Cantor, you know what cross-sex  
20 hormones are; correct? 02:20:46

21 A Yes.

22 Q For transgender women, estrogen is the  
23 hormone that's typically prescribed; correct?

24 MR. BARHAM: Objection as to terminology.

25 THE WITNESS: Yes. 02:20:55

1 BY COUNSEL SWAMINATHAN:

2 Q And for transgender men, testosterone is the  
3 hormone that's typically prescribed; correct?

4 MR. BARHAM: Objection; terminology.

5 THE WITNESS: Correct. 02:21:07

6 BY COUNSEL SWAMINATHAN:

7 Q Have you ever obtained informed consent to  
8 provide cross-sex hormones to anyone?

9 A No.

10 Q You've never had a patient sign an informed 02:21:15  
11 consent form relating to cross-sex hormones; right?

12 A Correct.

13 Q Okay. Have you advised patients about  
14 potential risks and benefits of cross-sex hormones?

15 A No, I have not. 02:21:33

16 Q Okay. Aside from the literature you have  
17 reviewed, you personally don't know what doctors  
18 tell their patients about cross-sex hormones; right?

19 MR. BARHAM: Objection as to form and scope.

20 THE WITNESS: That's not entirely true. For 02:21:55  
21 example, people who have detransitioned or people  
22 who have transitioned, when it's relevant, you know,  
23 will discuss with me conversations that they've had  
24 with their physicians.

25 ///

1 BY COUNSEL SWAMINATHAN:

2 Q Okay. So your knowledge of what doctors tell  
3 their patients about cross-sex hormones comes from  
4 what your patients who have detransitioned have told  
5 you; is that fair? 02:22:17

6 A In part. The other sources are the sources  
7 that I mentioned earlier, e-mails and other contacts  
8 from -- from family members, requests for -- for  
9 consultation, media -- and media outlets.

10 Q Got it. Thank you. Okay. 02:22:34

11 Did you review --

12 COUNSEL SWAMINATHAN: Actually, I just want  
13 to check in. You're -- are you okay to keep going?  
14 But it has been about an hour and ten minutes. If  
15 you need a break, that's totally fine. 02:22:44

16 THE WITNESS: I'm good.

17 COUNSEL SWAMINATHAN: You're good? Okay.

18 BY COUNSEL SWAMINATHAN:

19 Q Did you review the 2017 Endocrine Society  
20 guidelines in full before forming your opinions in 02:22:56  
21 this case?

22 A Yes, I have.

23 Q You have? You've read them from top to  
24 bottom as well?

25 A Yes, I have. 02:23:04



1 Q When's the last time you've done that?

2 A Oh. Last week.

3 Q Last week. And are you aware that the  
4 Endocrine Society guidelines recommend treating  
5 gender-dysphoric and gender-incongruent adolescents 02:23:18  
6 who have entered puberty at Tanner stage II by  
7 suppression with gonadotropin-releasing hormone  
8 agonists?

9 A I'm aware that that's in that document, yes.

10 Q Okay. And if we can take a look back -- I -- 02:23:30  
11 I assume you still have your report pulled up. If  
12 you can take a look at page 3 of your report.

13 A I'm there.

14 Q And you look at paragraph 8, subset (e), you  
15 state that (as read): 02:23:59

16 "Affirmation of a transgender  
17 identity in minors who suffer from  
18 early-onset or adolescent-onset  
19 gender dysphoria is not an accepted  
20 'standard of care.'" 02:24:10

21 Which is in quotes.

22 Is that correct?

23 A That's correct.

24 Q So this opinion conflicts with the  
25 Endocrine Society recommendations; right? 02:24:20

1 A Yes, it does.

2 Q And you yourself are not a part of the  
3 Endocrine Society; right?

4 A That is correct.

5 Q You've never advised the Endocrine Society in 02:24:31  
6 any capacity; right?

7 A That is correct.

8 Q You personally were not involved with the  
9 development of the original Endocrine Society  
10 guidelines back in 2009; right? 02:24:47

11 A Correct.

12 Q You were not involved with the development of  
13 the updated guidelines in 2017; right?

14 A Correct.

15 Q Do you know what kind of scientific 02:24:59  
16 literature review the Endocrine Society conducted in  
17 developing the 2017 updates?

18 A I'm not aware of its details, no.

19 Q Are you aware of what kind of outside experts  
20 the Endocrine Society may have consulted in 02:25:16  
21 developing the 2017 updates?

22 A I'm aware that they had such people whom they  
23 requested, yes.

24 Q Are you aware of any of these people by name?

25 A The only one I know by name is from his 02:25:32

1 involvement in this case, Dr. Jensen.

2 Q Okay. And you don't hold yourself out as an  
3 expert in how the Endocrine Society developed the  
4 original 2009 guidelines for treatment of gender  
5 dysphoria; right? 02:25:50

6 A It's a little hard to imagine such a question  
7 being used to determine whether a person can be  
8 called an expert on -- on anything. That's a very  
9 narrow topic. However, there has been systematic  
10 evaluation of the Endocrine Society's guidelines. 02:26:08

11 Q I guess my question is that you don't hold  
12 yourself out personally as an expert in how the  
13 Endocrine Society developed the original 2009  
14 guidelines; right?

15 A Yes, that would be true. 02:26:23

16 Q Okay. And the same -- you don't hold  
17 yourself out as an expert in how the  
18 Endocrine Society developed the 2017 updates; right?

19 A That, again, would, I think, be true.

20 Q Okay. You know what the WPATH is, right, the 02:26:40  
21 World Professional Association for Transgender  
22 Health?

23 A Yes, I am.

24 Q Sorry, yes, you do or yes, you --

25 A Yes, I am aware. 02:26:54

1 Q Oh, okay. Do you know that WPATH  
2 publishes standards of care for the health of  
3 transgender people?

4 A Yes, I'm aware.

5 Q Are you aware that WPATH has been publishing 02:27:07  
6 these standards since 1979?

7 A Yes, I am.

8 Q Okay. To your knowledge, what is the latest  
9 standard of care available from WPATH?

10 A They're in the middle of revising them now. 02:27:21  
11 I don't remember the year of the current -- current  
12 version, but --

13 Q Do you know the number of the current  
14 version?

15 A No. I don't recall. 02:27:33

16 Q Do you know when the most recent version was  
17 published?

18 A Not without looking it up. I don't remember  
19 the year, no.

20 Q So in your report, you express some opinions 02:27:47  
21 about the WPATH Standards of Care; right?

22 A Correct.

23 Q Before you wrote this report, did you sit  
24 down and review the WPATH Standards of Care?

25 A Yes. Yes, I did. 02:28:00

1 Q When did you review them?

2 A That was now three or four years ago.

3 Q And have you reviewed all of the articles

4 cited in the "References" section of the WPATH

5 Standards of Care?

02:28:27

6 A I haven't looked through the reference list

7 to see how many of them I would have read, no.

8 Q So you haven't reviewed the reference list;

9 right?

10 A Well, I haven't reviewed the reference list

02:28:37

11 to see how many of those references I happened to

12 know, no.

13 Q Okay. And you yourself are not a part of the

14 WPATH; right?

15 A Correct.

02:28:48

16 Q Have you ever been a member of WPATH?

17 A No.

18 Q Have you ever advised the WPATH in any

19 capacity?

20 A No.

02:29:01

21 Q Okay. You personally have not been involved

22 with the development of WPATH Standards of Care,

23 Version 7; right?

24 A Correct.

25 Q Okay. Do you know that WPATH is currently

02:29:13

1 working on Version 8 of their standards of care?

2 A Yes, I am.

3 Q You personally have not been involved in the  
4 development of WPATH Standards of Care, Version 8;  
5 right? 02:29:29

6 A Correct.

7 Q And you don't hold yourself out as an expert  
8 in how Version 8 is currently being developed;  
9 right?

10 A Again, I hesitate to say that that is a 02:29:40  
11 subject in which there exists expertise. It's  
12 within my topic of expertise, but I wouldn't say  
13 that I am an expert in that topic specifically.

14 Q Okay. And in this particular case, you're  
15 not offering any expert opinions on how Version 8 of 02:29:59  
16 the WPATH Standards of Care are currently being  
17 developed; right?

18 A Correct. The comments in my report included  
19 evaluation of Version 7.

20 Q Okay. So, Dr. Cantor, I would love for you 02:30:16  
21 to turn to page 16 of your expert report.

22 A Got it.

23 Q Great. If you could just have that open.

24 So do you agree that the number and  
25 percentage of prepubertal kids with gender dysphoria 02:30:40

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1 who do not go on to identify as transgender is  
2 currently unknown?

3 A No, I don't think that's exactly fair to say.  
4 What --

5 Q So -- what do you base your opinion -- 02:31:11

6 MR. BARHAM: I'd ask that -- I'd ask that you  
7 allow him to finish his answer before answer- --  
8 asking the next question.

9 COUNSEL SWAMINATHAN: Apologies, Counsel.

10 BY COUNSEL SWAMINATHAN: 02:31:20

11 Q Please finish your answer, Dr. Cantor.

12 A There have been 11 studies, and all of them  
13 show that the large majority cease to want to  
14 transition by puberty, but the exact number changes  
15 study by study. So I can't say that the number is 02:31:31  
16 known, in that we haven't found the same number  
17 coming up over and over again, but it would be  
18 unfair to say that, you know, the entire range of  
19 possible numbers are equally possible. They're not.

20 The studies have consistently even, even 02:31:46  
21 unanimously, said that it was the large majority  
22 desist, but we still can't give a -- a specific  
23 number better than a range.

24 Q So you agree that the number and percentage  
25 of prepubertal kids with gender dysphoria who do not 02:32:03

1 go on to identify as transgender is currently  
2 unknown; right?

3 MR. BARHAM: Objection; asked and answered.

4 MR. TRYON: Objection.

5 THE WITNESS: Again, I can't say that there 02:32:12  
6 is a specific number, but the range is unanimously,  
7 in every single study, the large majority.

8 BY COUNSEL SWAMINATHAN:

9 Q And which studies are you referring to?

10 A There were 11, and they were the -- the 11 02:32:29  
11 studies listed on my blog, which you posted.

12 Q I think I have maybe shown you two blog posts  
13 now. Was it tab 40 -- sorry -- Exhibit 48? Is that  
14 the one you're referring to?

15 A I don't remember the tab number, but only one 02:32:45  
16 of those two had a list of studies, and the other  
17 was, you know, just text from me.

18 Q Okay. Do you agree that the number and  
19 percentage of adolescents with gender dysphoria who  
20 do not go on to identify as transgender is currently 02:33:00  
21 unknown?

22 A That is much less known, correct.

23 Q Okay. And I take it you are not offering any  
24 expert opinions on what number or percentage of  
25 adolescents with gender dysphoria do not go on to 02:33:16



1 identify as transgender; right?

2 A I don't -- no, I'm not off- -- I'm not  
3 offering such a percentage, no. We have -- we don't  
4 have the kind of prospective systematic studies to  
5 give us a better idea of the range. Instead, we 02:33:37  
6 have studies which retrospectively try to ask  
7 questions from these people, but those studies don't  
8 give us an estimate of how many people have already  
9 desisted and, therefore, never took the  
10 questionnaire to begin with. 02:33:53

11 Q Okay. And, Dr. Cantor, you agree that no  
12 study supports the withholding of gender-affirming  
13 treatment after the onset of puberty; right?

14 MR. BARHAM: Objection as to terminology.

15 THE WITNESS: Could you ask that again, 02:34:11  
16 please?

17 BY COUNSEL SWAMINATHAN:

18 Q Sure. You agree that no study supports the  
19 withholding of gender-affirming treatment after the  
20 onset of puberty; right? 02:34:19

21 A That no study supports the withholding.

22 MR. BARHAM: Objection --

23 THE WITNESS: That's --

24 MR. BARHAM: Objection as to terminology.

25 THE WITNESS: That's true in only a very 02:34:37

1       vacuous way in that that's not how science, never  
2       mind medical science, is conducted. In science, we  
3       begin with the null hypothesis. Everything starts  
4       with a null hypothesis. The onus of proof belongs  
5       to the person saying that doing something will do       02:35:12  
6       something. It's not possible to prove a null  
7       hypothesis. We start with it and wait for proof  
8       that doing something has whatever intended effect.

9               All of that is to say it's not possible to  
10       conduct a study that would prove what happens when       02:35:30  
11       you do nothing. We start with that point.

12       BY COUNSEL SWAMINATHAN:

13           Q     So what is the basis for your opinion that  
14       it's not possible to prove what the effects of,  
15       quote, doing nothing are?       02:35:46

16           A     That's a fundamental tenet of science.  
17       That's what I call the -- as I said, that's called  
18       the null hypothesis. It's a basic functioning of  
19       the scientific process.

20           Q     And so there's -- I'm right, though, that       02:35:58  
21       there's no study that has tracked what you call as  
22       doing nothing in adolescents who are suffering from  
23       gender dysphoria; right?

24           MR. TRYON: Objection.

25           THE WITNESS: Correct, there is no such       02:36:17

1 study.

2 BY COUNSEL SWAMINATHAN:

3 Q Okay. You recognize that your theory of  
4 withholding social transition to see if prepubertal  
5 kids with gender dysphoria desist is an outlier in 02:36:27  
6 the scientific community?

7 MR. BARHAM: Objection as to form and  
8 terminology.

9 THE WITNESS: No, I would not say that at  
10 all. 02:36:41

11 BY COUNSEL SWAMINATHAN:

12 Q What do you base your -- that answer on?

13 A I'm in regular contact with a -- with very,  
14 very many scientists in my field, and they generally  
15 agree with me. It's -- and they generally agree 02:36:51  
16 with -- agree with me. It's the outliers who tend  
17 to speak most often, loudest and most publicly. So  
18 the public mind is very, very different from the  
19 collection of scientists.

20 Q So you said very, very many people agree with 02:37:08  
21 you. How many people are you talking about?

22 A Oh. Several scores. I -- of the ones I  
23 interact with, close to a hundred.

24 Q Can you define score for me?

25 A 20. 02:37:34

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1 Q So several scores. Would you say 40 to 60 is  
2 an accurate capture of how many people you spoke to?

3 A Probably closer to a hundred.

4 Q Okay. And who are these hundred people? I'm  
5 not asking you to identify all 100 by name, but who, 02:37:54  
6 generally, are they?

7 A Sex researchers and sex therapists.

8 Q Okay. So beyond the conversations that you  
9 had with these scores of individuals, do you have  
10 any other basis for believing that practitioners 02:38:15  
11 support withholding social transition in prepubertal  
12 patients with gender disorder?

13 MR. BARHAM: Objection as to form and  
14 terminology.

15 THE WITNESS: No. That's my primary source. 02:38:33  
16 BY COUNSEL SWAMINATHAN:

17 Q And do any of those hundred or so individuals  
18 actually treat transgender patients?

19 A Yes. None of them does it as a specific  
20 specialty, but very many of them, of the clinicians 02:38:55  
21 among them, have or have had trans clients among  
22 their patient base.

23 Q Okay. Can you please turn to page 18 of your  
24 report --

25 COUNSEL SWAMINATHAN: And, actually, I think 02:39:26

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1 this might be a good time for a five-minute break.

2 I think we've been going for about an hour and  
3 20 minutes now.

4 Can we go off the record?

5 THE VIDEOGRAPHER: Yep. We are going off the 02:39:34  
6 record and -- at, let's see, 2:39 p.m., and this is  
7 the end of Media Unit No. 4.

8 (Recess.)

9 THE VIDEOGRAPHER: All right. We are back on  
10 the record at 2:53 p.m., and this is the beginning 02:53:07  
11 of Media Unit No. 5.

12 Go ahead, please.

13 BY COUNSEL SWAMINATHAN:

14 Q Dr. Cantor, can you please turn to page 12 of  
15 your expert report, which is Exhibit 45. 02:53:16

16 A Got it.

17 Q Okay. So paragraph 29, on page 12, you state  
18 (as read):

19 "For example, there exist only very  
20 few cases of transition regret among 02:53:48  
21 adult transitioners, whereas the  
22 research has unanimously shown that  
23 the majority of children with gender  
24 dysphoria desist—that is, cease to  
25 experience such dysphoria by or 02:54:01

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1 during puberty."

2 Did I read that correctly?

3 A Yes.

4 Q What is your basis for this assertion?

5 A The 11 studies that were also cited in my 02:54:16  
6 blog.

7 Q Is there a reason you didn't cite any of  
8 those studies here, in your report?

9 A I didn't include --

10 Q I just mean in this paragraph, on this page, 02:54:35  
11 is there a reason there's no footnotes --

12 A Oh, in that paragraph, on that page? No.  
13 Only because there was an introductory paragraph,  
14 you know, before the rest of the document.

15 Q And those 11 studies are the -- the same 02:54:52  
16 studies that you mentioned before that you said were  
17 on your blog?

18 A Correct.

19 Q Okay. And on page 18 of your expert report,  
20 on -- in paragraph 45 of page 18, you state (as 02:55:10  
21 read):

22 "Because only a minority of gender  
23 dysphoric children persist in  
24 feeling gender dysphoric in the  
25 first place, 'transition-on-demand' 02:55:25

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1 increases the proba-" --

2 I assume you mean "probability." It says  
3 "probably" here.

4 A Oh, goodness. That's right.

5 Q That's right? Okay. 02:55:33

6 (As read):

7 -- "increases the probability of  
8 unnecessary transition and  
9 unnecessary medical risks."

10 Is that fair, as it's read? 02:55:42

11 A Yes.

12 Q Okay. What's your basis for this opinion?

13 A I want to say mathematics.

14 Q What do you mean by that?

15 A The -- if only few people regretted 02:56:01

16 transition, then transitioning everybody would be  
17 the wrong decision for only few people. If most  
18 people cease to want to transition eventually, then  
19 transitioning all of them would be making a much  
20 larger number of errors. 02:56:23

21 Q What do you mean by "transitioning all of  
22 them"?

23 A If the people were given transition on  
24 demand.

25 Q So what do you understand the term 02:56:33

1 "transition on demand" to mean?

2 A That we give the person -- we recognize  
3 whatever element of that person as soon as they make  
4 that request.

5 Q So I just want to make sure I understand. 02:56:49

6 You are saying that your opinion for -- or  
7 your basis for stating that a minority of  
8 gender-dysphoric children persist is based in math;  
9 is that correct?

10 A No. I'm saying that the -- the conclusion 02:57:00  
11 that we will have more errors and make more mistakes  
12 if we don't consider that statistic. That's math.

13 Q I guess I'm understanding what -- or trying  
14 to understand, what is the basis for that statistic,  
15 that only a minority of gender-dysphoric children 02:57:17  
16 persist?

17 A Those 11 studies, which were summarized --  
18 which were summarized in my blog, together with the  
19 number -- the exact numbers of people who continue  
20 to want to transition after puberty and those which 02:57:33  
21 ceased to.

22 These people only came into the clinics when  
23 they started expressing their gender dysphoria. If  
24 they were transitioned after that first appointment,  
25 because we didn't yet know which ones were going to 02:57:48

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1 persist and which ones were going to desist, then we  
2 would only know that if we transi- -- transitioned  
3 all of them that first day, most of those would end  
4 up being a mistake because we know that most of  
5 those will -- will have ceased to want to transition 02:58:06  
6 by puberty.

7 Q And is the reason that you don't state --  
8 sorry, strike that.

9 To your knowledge, are people being  
10 transitioned on the first day? 02:58:20

11 A Those are the reports that we referred to  
12 earlier that there are becoming more and more cases  
13 getting reported to me or to the -- or via their  
14 families or in the media. Or, as I say, now that  
15 there are investigations going on in other 02:58:40  
16 countries, that's what they're continuing to find.

17 Q Okay.

18 A Transition on demand is the most extreme  
19 version of it, but -- but the difference is whether  
20 -- the meaningful part is whether these people are 02:58:51  
21 being transitioned before a meaningful assessment  
22 and a meaningful attempt to -- to estimate who might  
23 persist, who might not, or if we're even capable of  
24 doing that with enough precision to be risking the  
25 kind of medical risks that come into play. 02:59:09

1 Q Okay. And so, again, you have no direct  
2 knowledge of this, but the reports you refer to are  
3 the parental anecdotes that are communicated to you,  
4 the e-mails that you receive, the government  
5 entities putting out information and the news 02:59:26  
6 sources that you just mentioned; right?

7 A We're saying that people are being  
8 transitioned on demand, yes.

9 Q Yes.

10 A And when I say media reports, those are no 02:59:36  
11 longer, necessarily, individual cases. These are  
12 also administrators in schools and so on who are  
13 indicating what the policies are in that school or  
14 parents talking about policies in the -- in social  
15 groups and so on. So these are people not going to 02:59:54  
16 clinics at all; they're merely being socially  
17 transitioned by -- you know, within their social  
18 groups.

19 Q Can you tell me more about those media  
20 reports? 03:00:04

21 You know, you -- you mentioned an example of  
22 a school. Can you give me a more detail about that  
23 particular report from a school?

24 A No. I haven't recorded -- I don't recall  
25 particulars. 03:00:17

1 Q Of any of the media reports that you're  
2 referencing, you don't recall particulars?

3 A Not -- not at this time, no. Those, I  
4 haven't been accumulating.

5 Q Okay. Can you please turn to page 27 of your 03:00:27  
6 report?

7 A Got it.

8 Q Great. And so if you look at paragraph 69,  
9 you state the following, quote, (as read):

10 "...a child experiencing depression 03:00:48  
11 from social isolation might develop  
12 hope--" --

13 A I'm sorry, where did you say you were?

14 Q Oh, apologies. It's the end of page 26, top  
15 of page 27. It's the sentence beginning "For 03:01:03  
16 example."

17 A Got it.

18 Q Apologies. So let me read that again.

19 So you state, quote, (as read):

20 "For example, a child experiencing 03:01:13  
21 depression from social isolation  
22 might develop hope--and the  
23 unrealistic expectation--that  
24 transition will help them fit in,  
25 this time as and with the other 03:01:27

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1 sex."

2 Did I read that accurately?

3 A Yes.

4 Q So what is the basis of this opinion?

5 MR. TRYON: This is Dave Tryon. 03:01:37

6 I'm just going to object that this is one  
7 sentence out of an entire paragraph.

8 COUNSEL SWAMINATHAN: Your objection is  
9 noted, Counsel.

10 BY COUNSEL SWAMINATHAN: 03:01:50

11 Q Dr. Cantor, you can answer.

12 A It's an explanation -- I offer it as a  
13 possible explanation which accounts for all of the  
14 existing observations.

15 Q Are you aware of any study that shows that a 03:01:59  
16 child experiencing depression from social isolation  
17 might develop hope and the unrealistic expectation  
18 that transition will help them fit in?

19 A No. That particular hypothesis hasn't  
20 been -- hasn't been tested. 03:02:17

21 Q Have you spoken to anyone about this  
22 hypothesis?

23 A Oh. Yes, relatively and commonly.

24 Q Okay. Can you please turn to page 53 of your  
25 expert report? 03:02:35

1 A Yes.

2 Q Great. And so do you see that it's titled  
3 "References" at the top of the page?

4 A Yes.

5 Q Great. And so pages 53 to 61 of your report 03:02:56  
6 includes a list of articles that you cite to in your  
7 report, and I've done my best to count them, but  
8 there are 106 articles cited in your report.

9 Do you see that?

10 A I didn't count them either, but that sounds 03:03:18  
11 about right.

12 Q Okay. How did you find these articles?

13 A Oh. I've been accumulating these articles  
14 throughout my career, starting with my education and  
15 the classic -- and the classic articles with them, 03:03:33  
16 and then I read new ones as they come out and get  
17 discussed within my field.

18 Q So you found every single one of these  
19 articles in your references list. Is that accurate?

20 A Yes. Yes. Yes, it is. 03:03:47

21 Q None of these articles were provided to you  
22 by some other source?

23 A Oh. I can't recall if there was a particular  
24 e-mail from a colleague who told me, have you seen  
25 this or that article. I would -- I can't remember 03:04:03

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1 specifics, but I would not be at all surprised if I  
2 received one of these articles as a manuscript, as a  
3 peer reviewer, before even it was published.

4 Also, very commonly in science, it's a  
5 scientist spending many, many years releasing study 03:04:22  
6 after study, and before the study comes out, there  
7 are poster conferences and conference presentations.  
8 So I'm aware that they are coming even before --  
9 long before they come in print.

10 So there are those indirect methods that -- 03:04:34  
11 that are possible.

12 Q But no one sent you any of these articles in  
13 connection with your preparation of this report;  
14 right?

15 A No. Yes, that is correct, no one has. 03:04:45

16 Q Okay. So you said you accumulated this list  
17 of articles over the course of your career; right?

18 A Yes.

19 Q You've known about the existence of many of  
20 these articles well before agreeing to serve as an 03:05:02  
21 expert in this case; right?

22 A Most of them, yes.

23 Q Most of them.

24 So when did you begin your research for  
25 drafting the expert report, version 2022? 03:05:13

1           A    It would have been within a few days after I  
2   first received the -- the request to participate at  
3   all.

4           Q    Okay. And so have you read every article  
5   included in this list? 03:05:36

6           A    Yes, I have, with the caveat that some of  
7   them are standard reference texts where only certain  
8   portions of the text are relevant.

9           Q    Okay. And so when you were looking for  
10   articles to include in your report, had you already 03:05:53  
11   formed an opinion about whether transgender women  
12   and girls have an athletic advantage over cisgender  
13   women?

14           MR. BARHAM: Objection as to scope and  
15   terminology. 03:06:05

16           THE WITNESS: I was already very, very well  
17   aware of the state of the literature before I  
18   received any notice of this particular case than  
19   when I -- so it was on the basis of the knowledge of  
20   the literature that I already had that gave me, you 03:06:36  
21   know, some idea of what the liter- -- literature had  
22   and then my searching for any other articles,  
23   including articles that weren't relevant or weren't  
24   part of this particular question that I continued to  
25   accumulate, and I found nothing that changed my mind 03:06:59

1 as I was doing research for this case.

2 BY COUNSEL SWAMINATHAN:

3 Q So prior to this case, what -- what was and,  
4 I guess, in your testimony now, continues to be your  
5 opinion on whether transgender women and girls have 03:07:18  
6 an athletic advantage over cisgender women?

7 A I wasn't --

8 MR. BARHAM: Objection as to scope.

9 THE WITNESS: I wasn't asked that question as  
10 part of this report. 03:07:28

11 BY COUNSEL SWAMINATHAN:

12 Q Do you have any opinion on that question  
13 outside of, you know, your involvement in this case?

14 A Only my other knowledge -- my other knowledge  
15 of the studies that had been done on male and female 03:07:46  
16 child performance.

17 Q Do any of these 106 or so articles relate to  
18 athletic performance?

19 A No. I wasn't asked to summarize that part of  
20 the literature. 03:08:02

21 Q Okay. And just to be clear, do you think  
22 this list of articles is comprehensive of the  
23 existing research on transgender children and  
24 adolescents?

25 A I would say comprehensive in scope and topic, 03:08:15

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1       that is, the range of -- of the facts that are  
2       listed -- listed in it, but, again, I wasn't asked  
3       to do it specifically on athleticism.

4       Q     Leaving aside athleticism, do you think this  
5       list of articles accurately captures the most                   03:08:35  
6       reputable studies on transgender children and  
7       adolescents?

8       A     Yes, I think that --

9             MR. TRYON:  Objection.

10       A     I think that would be fair to say, yes.               03:08:47

11       BY COUNSEL SWAMINATHAN:

12       Q     Okay.  Do you think these are articles that  
13       you have not included in this list that may present  
14       data that is contrary to your report?

15       A     No, there isn't.                                       03:08:58

16       Q     Okay.  Do you think there are articles that  
17       you have not included in this list that may reach  
18       conclusions that are contrary to your report?

19       A     There exists such conclusions, and they've  
20       been published.  I would have to check to see to           03:09:21  
21       what extent those are merely opinions in -- in  
22       letters and commentaries, for example, opposed to  
23       derived from -- derived as conclusions from specific  
24       data.

25       Q     So your testimony is that there may be some           03:09:40

1 studies that reach conclusions that are contrary to  
2 your report?

3 MR. BARHAM: Objection as to form and scope.

4 THE WITNESS: No. The opposite. It's -- I'm  
5 not aware of any studies that are based on data that 03:09:50  
6 contradict these, although people may have expressed  
7 contradictory opinions.

8 BY COUNSEL SWAMINATHAN:

9 Q Via letter and commentary; is that correct?

10 A Correct. 03:10:01

11 Q Okay. Great.

12 Can you please turn to page 24 of the same  
13 exhibit, so continuing with your report.

14 A Got it.

15 Q Great. And so the heading above paragraph 62 03:10:22

16 of your report -- it starts with the letter "c" --

17 says, quote, (as read):

18 "Studies by other clinicians in  
19 other countries have failed to  
20 reliably replicate the positive 03:10:39  
21 components of the results reported  
22 by the Dutch clinicians in de Vries  
23 et al. 2011."

24 COUNSEL SWAMINATHAN: And for the court  
25 reporter, that's D-E, space, capital V-R-I-E-S. 03:10:49

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1 BY COUNSEL SWAMINATHAN:

2 Q Do you see that?

3 A Oh, you're talking to me?

4 Yes, I do.

5 Q I'm sorry. Yes.

03:10:59

6 What did you mean by this?

7 A Exactly what it says. There was initially  
8 some research demonstrating improvement among these  
9 kids after transition, but when other countries and  
10 other facilities tried to do it, they were unable to 03:11:17  
11 replicate those results. They were not finding  
12 improvement.

13 Q So what are the positive components of the  
14 results reported by the Dutch clinicians in  
15 de Vries, et al., 2011? 03:11:33

16 A They reported some improvements in some  
17 psychological parameters and social function.

18 Q Any other positive components?

19 A I would have to reread the original to see if  
20 that's an exhaustive list, but they were essentially 03:11:46  
21 all of those.

22 Q Are you aware that there are additional  
23 scientific peer-reviewed studies showing the  
24 positive effects of gender-affirming care?

25 A Yes, there are.

03:12:00

1 Q Okay. So are you aware of the 2022 Tordoff,  
2 et al., study titled "Mental Health Outcomes in  
3 Transgender and Nonbinary Youths Receiving  
4 Gender-Affirming Care"?

5 A Yes, I am.

03:12:17

6 COUNSEL SWAMINATHAN: Okay. I'm going to  
7 introduce tab 8, which has been marked as  
8 Exhibit 50.

9 (Exhibit 50 was marked for identification

10 by the court reporter and is attached hereto.) 03:12:45

11 BY COUNSEL SWAMINATHAN:

12 Q Let me know when you're able to see it,  
13 Dr. Cantor.

14 A I am.

15 Q Okay. Great.

03:12:54

16 And you can see at the top that this study  
17 was conducted by Diana Tordoff, Jonathon Wanta,  
18 Arin Collin, Cesalie Stepney, David Inwards-Breland,  
19 and Kim Ahrens; is that correct?

20 A Yes, that's what I see.

03:13:13

21 Q Are you familiar with any of these people?

22 A No, I'm not.

23 Q You don't have any personal connections to  
24 any of these people; right?

25 A Correct.

03:13:26

1 Q Okay. Do you agree that the Journal of  
2 American Medical Association is a highly respected  
3 publication?

4 A That's not this journal.

5 Q Oh, apologies. The JAMA Network. 03:13:39

6 Do you agree that the JAMA Network is a  
7 highly respected entity?

8 A No, it is not. It's relying on the fame of  
9 JAMA itself.

10 Q It's relying on the fame of what? I 03:13:55  
11 apologize.

12 A JAMA, the Journal of the American Medical  
13 Association. This is an online offshoot of that.

14 Q Okay. And you don't know whether these  
15 researchers are highly respected researchers in the 03:14:04  
16 field, right, because you don't know who they are?

17 A Correct.

18 Q Okay. Do you know whether this particular  
19 study is a peer-reviewed publication?

20 A To the best of my knowledge, it is. 03:14:19

21 Q Okay. Are you aware that this study found  
22 that gender-affirming care was associated with  
23 60 percent lower odds of moderate or severe  
24 depression and 73 percent lower odds of suicidality  
25 over a 12-month follow-up? 03:14:37

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1 A Not in the way that you said you were going  
2 to use the meaning of the word "care," no.

3 Q So what -- what did you understand this study  
4 to find in the way that you would identify care?

5 A Well, these kids were -- were receiving 03:14:53  
6 medical care, and 65 percent of them were also  
7 receiving psychotherapy at the same time.

8 Q So for purposes of the question I'm asking  
9 you, can you understand gender-affirming care to  
10 include psychotherapy and medical care? Is that 03:15:09  
11 fair?

12 A For the purpose of this question? Sure.

13 MR. BARHAM: Objection to terminology.

14 BY COUNSEL SWAMINATHAN:

15 Q Let me repeat my question, then. 03:15:16

16 Are you aware that this study found that  
17 gender-affirming care, both psychotherapy and  
18 medical care, was associated with 60 percent lower  
19 odds of moderate or severe depression and 73 percent  
20 lower odds of suicidality over a 12-month follow-up? 03:15:29

21 A I'm aware that that was their conclusion,  
22 yes.

23 Q Okay. And at the time you authored your  
24 report, were you aware of those studies?

25 A No. It had not yet come out. 03:15:43

1 Q Okay. And are you aware of the 2021 Green,  
2 et al., study titled "Association of  
3 Gender-Affirming Hormone Therapy With Depression,  
4 Thoughts of Suicide, and Attempted Suicide Among  
5 Transgender and Nonbinary Youth"? 03:16:01

6 A Yes, I am.

7 Q Great.

8 COUNSEL SWAMINATHAN: I'm going to introduce  
9 tab 9, which is going to be marked as Exhibit 51.

10 It should pop up on your screen shortly. 03:16:19

11 (Exhibit 51 was marked for identification  
12 by the court reporter and is attached hereto.)

13 BY COUNSEL SWAMINATHAN:

14 Q And as you pull that up, Dr. Cantor, I just  
15 want to confirm, did you identify the Tordoff study 03:16:37  
16 as a part of your continued update to the literature  
17 that you were doing before sitting for this  
18 deposition?

19 A Well, as I say, that -- that study only just  
20 came out. It -- it wasn't available when I 03:16:58  
21 submitted my study. And then I became notified of  
22 its existence, you know, when it did -- first came  
23 out, but my -- but my -- I shouldn't have said  
24 "study." Report. I'm sorry. But my report was  
25 already submitted when it did come out. So -- 03:17:12

1 Q I -- I --

2 A -- had my report been due in six months, it  
3 would have been edited.

4 Q I understand that. I just meant in the  
5 review that you said you did in preparing for this 03:17:21  
6 deposition, was this one of the studies that you had  
7 reviewed prior to sitting for this deposition?

8 A The Green study?

9 Q The Tordoff study.

10 A Oh, the -- the Tordoff study? 03:17:33  
11 Again, didn't exist when I prepared.

12 Q Okay. So it's -- it didn't exist in the past  
13 few weeks?

14 A The --

15 Q Tordoff study. 03:17:43

16 A When you said in preparation, do you mean for  
17 sitting here physically today, or do you mean for my  
18 submitted report?

19 Q I mean for sitting here physically today.

20 A For sitting here physically today, I did -- I 03:17:54  
21 did review Tordoff, yes.

22 Q Got it. Okay. Thank you.

23 And now we can turn our attention to the 2021  
24 Green study, and as you can see, the authors of this  
25 study are Amy Green, Jonah DeChants, Myeshia Price 03:18:13

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1 and Carrie Davis.

2 Do you see that?

3 A Yes, I do.

4 Q Are you familiar with any of these

5 individuals?

03:18:27

6 A Not meaningfully. Myeshia Price, I think I

7 had a three e-mail exchange with a few years ago.

8 Nothing substantive or relevant to today's case.

9 Q Your e-mails did not pertain to transgender

10 people or gender dysphoria at all?

03:18:47

11 A They did pertain to transgender individuals,

12 not athleticism, not today's case, but I couldn't --

13 I don't recall what aspects of gender dysphoria the

14 discussion was.

15 Q Do you remember if the discussion was focused

03:19:05

16 on adults suffering from gender dysphoria?

17 A I don't recall.

18 Q Okay. That's fair.

19 And so do you see that the study was

20 published -- or accepted on October 28, 2021? And

03:19:19

21 do you agree that the Journal of Adolescent Health

22 is a highly respected publication?

23 A Yes, to the best of my knowledge.

24 Q Is it a peer-reviewed publication?

25 A So far as I know.

03:19:36

1 Q So are you aware that this study found that  
2 access to gender-affirming hormones during  
3 adolescence was associated with lower odds of recent  
4 depression and having attempted suicide in the past  
5 year?

03:19:55

6 A In a retrospective survey, I'm aware of that,  
7 yes.

8 Q Yes. At the time you authored your report,  
9 were you aware of this study?

10 A Yes, I was.

03:20:02

11 Q Did you cite this study in your report?

12 A No, I did not.

13 Q Why didn't you cite this Green 2021 study in  
14 your report?

15 A It's not -- it's not methodologically sound  
16 enough. This was a retrospective instead of a  
17 prospective study. Retrospective studies are not  
18 able to come to the kind of conclusions that -- that  
19 are not -- retrospective studies are only able to  
20 produce correlations. We cannot, from a  
21 correlation, say anything about causality.

03:20:16

03:20:38

22 Q Do you cite any retrospective studies in your  
23 report?

24 A I would have to go through and check.

25 Q Off the top of your head, can you think of

03:20:59

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1 any retrospective studies you may have cited in your  
2 report?

3 A I can't think of one offhand, no.

4 Q Were any of the 11 studies that you mentioned  
5 that support your theory of desistance retrospective 03:21:17  
6 studies?

7 A No. It was -- specifically was of  
8 prospective studies.

9 Q Okay. And so it's your testimony that none  
10 of the studies that you've cited in your report are 03:21:31  
11 retrospective; right?

12 MR. BARHAM: Objection as to form and  
13 terminology.

14 THE WITNESS: No. I just can't recall  
15 offhand if any were. 03:21:41

16 BY COUNSEL SWAMINATHAN:

17 Q So there may be some retrospective studies  
18 that you rely on in drafting your report?

19 MR. TRYON: Objection.

20 THE WITNESS: Yes. But not from making a 03:21:51  
21 causal conclusion.

22 BY COUNSEL SWAMINATHAN:

23 Q Okay. And are you aware of the 2012 Achille,  
24 et al., study titled "Longitudinal impact of  
25 gender-affirming endocrine intervention on the 03:22:06

1 mental health and well-being of transgender youths"?

2 A Yes, I am. It's cited in my report.

3 Q Great. Would --

4 COUNSEL SWAMINATHAN: I'm going to introduce

5 tab 10, which I believe now marks Exhibit 52. 03:22:21

6 (Exhibit 52 was marked for identification

7 by the court reporter and is attached hereto.)

8 BY COUNSEL SWAMINATHAN:

9 Q And let me know when you're able to see it,

10 Dr. Cantor. 03:22:52

11 A Yes, I can see.

12 Q Okay. Great.

13 So this study is published in the

14 International Journal of Pediatric Endocrinology;

15 correct? 03:23:14

16 A Yes, it is.

17 Q And is -- the authors are Chris- --

18 Christal Achille -- I apologize if I'm

19 mispronouncing that -- Tenille Taggart, Nicholas

20 Eaton, Jennifer Osipoff, Kimberly Tafuri, Andrew 03:23:15

21 Lane and Thomas Wilson.

22 Do you see that?

23 A Yes, I do.

24 Q Are you familiar with any of these

25 individuals? 03:23:37

1 A No, I'm not.

2 Q Okay. And it looks like this study was  
3 conducted in 2020, at some point. I don't see the  
4 date on it.

5 But is it fair to say that it was -- it came 03:23:54  
6 out in 2020?

7 A The -- the study was conducted between 2013  
8 and 2018.

9 Q But the results were published, apologies, in  
10 2020? 03:24:08

11 A It came out in print in 2020.

12 Q Okay. And have you read this study before?

13 A Yes, I have.

14 Q And are you aware that is study found that  
15 endocrine intervention was associated with decreased 03:24:23  
16 depression and suicidal ideation and improved  
17 quality of life for transgender youth?

18 A I'm aware that that's what the paper said,  
19 yes.

20 Q And at the time you authored your report, 03:24:33  
21 were you aware of this study?

22 A Yes, I was.

23 Q And you cite this study in your report;  
24 right?

25 A Correct. 03:24:43

1 Q Why didn't you cite this particular  
2 conclusion drawn from the study, that the endocrine  
3 intervention was associated with decreased  
4 depression and suicidal ideation and improved  
5 quality of life for transgender youth? 03:25:00

6 A Because the improvements are also plausibly  
7 attributed -- attributable to the psychotherapy that  
8 the clients were -- that the patients were getting.

9 Q But, Dr. Cantor, isn't it true that no study,  
10 including the Dutch study, had a control group of 03:25:17  
11 people who received solely therapy, but no blockers  
12 or hormones?

13 A That is not correct.

14 Q Which -- can you tell me what study has a  
15 control group of people who received therapy, but no 03:25:29  
16 blockers and hormones?

17 A Costa, et al., 2015.

18 Q Can you spell that for the court reporter?

19 A C-O-S-T-A --

20 Q Uh-huh. 03:25:37

21 A -- et al.

22 Q 2015?

23 A Yes.

24 Q Am I accurate in saying that the Dutch  
25 protocol did not have a control group of people who 03:25:49

1 received therapy, but no blockers and hormones?

2 A That is correct.

3 Q And so would you agree that this Achilles  
4 study is similarly situated to the Dutch protocol,

5 in terms of what -- in terms of the two 03:26:07

6 interventions, both psychotherapy and hormone  
7 treatment, occurring at the same time? Is that fair  
8 to say?

9 A No, it's not. The research method being used  
10 is not related to the clinical method being used. 03:26:23  
11 The research method is how one analyzes what's been  
12 doing clinically.

13 Q Okay. So you mentioned that Costa, et al.,  
14 2015, does have a control group. Are there any  
15 other studies that you can think of? 03:26:40

16 A No, not offhand.

17 Q Okay. And are you aware of the 2020 Kuper,  
18 et al., study titled "Body Dissatisfaction and  
19 Mental Health Outcomes of Youth on Gender-Affirming  
20 Hormone Therapy"? 03:27:04

21 A I believe that one's in my report also.

22 Can I refer to it just a second?

23 Q Absolutely.

24 COUNSEL SWAMINATHAN: I will introduce it as  
25 tab 11, which is Exhibit 53. 03:27:16

1 (Exhibit 53 was marked for identification  
2 by the court reporter and is attached hereto.)

3 THE WITNESS: Oh, no, I meant my report.

4 BY COUNSEL SWAMINATHAN:

5 Q Oh, sure. Feel free to reference your 03:27:20  
6 report.

7 Do you see Exhibit 53, in the share?

8 MR. BARHAM: Counsel, the witness is still  
9 looking at his expert report, I see.

10 COUNSEL SWAMINATHAN: Oh, apologies. I'm 03:28:08  
11 unable to see his hands by the --

12 MR. BARHAM: It's okay.

13 THE WITNESS: All right. Got it. Okay.  
14 Ready. Yes, Kuper.

15 BY COUNSEL SWAMINATHAN: 03:28:19

16 Q No problem.

17 So, again -- so this study is conducted by  
18 Laura Kuper, Sunita Stewart, Stephanie Preston,  
19 May Lau and Ximena Lopez.

20 Do you see that? 03:28:33

21 A One second. We need to switch windows.

22 Q No problem.

23 A Yes, I have it.

24 Q Okay. Are you familiar with any of those  
25 individuals? 03:29:00



1 A No, I am not.

2 Q And so this study was downloaded from the  
3 American Academy of Pediatrics; is that correct?

4 You can see that --

5 A It was published in the journal Pediatrics 03:29:25  
6 which is owned by the American Association of  
7 Pediatrics.

8 Q Yes, apologies.

9 I was just pointing towards the bottom of the  
10 page where it says this particular article was 03:29:35  
11 downloaded from [www.aappublications.org/news](http://www.aappublications.org/news), and it  
12 was accepted for publication on December 6, 2019.

13 Do you see that?

14 A Yes, I do.

15 Q Okay. Is this a peer-reviewed publication? 03:29:55

16 A Yes, it is.

17 Q Okay. And are you aware that the results of  
18 this study show that hormone therapy for youth is  
19 associated with reducing body dissatisfaction and  
20 modest improvements in mental health? 03:30:09

21 A That's not what I would call the whole truth.

22 Q What would you call the whole truth?

23 A That this group of patients were -- were  
24 given many, many different mental health factors.  
25 The majority of those showed no differences, but the 03:30:30

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1 report and the media reports about this are only  
2 talking about the positive ones, despite that there  
3 was no difference -- that there was generally no  
4 difference.

5 Q You said that this study has faced media 03:30:42  
6 criticisms. Is that fair?

7 A Media attention, I would say.

8 Q Media attention.

9 What outlets of media have reported that  
10 there were no positive results from this study? 03:30:57

11 A I didn't say that there were media reports  
12 saying no positive results. The reverse. The media  
13 had been reporting only the positive results.

14 Q So there were positive results as a result of  
15 this study; right? 03:31:14

16 MR. TRYON: Objection.

17 THE WITNESS: Some of the measures indicated  
18 positive results, but when one -- when one runs  
19 many, many, many statistical tests, some of them  
20 will always look like they're positive. 03:31:26

21 BY COUNSEL SWAMINATHAN:

22 Q I see. But it's fair to say that there were  
23 positive results reported from the study; right?

24 A No, I'm not sure that is fair to say. As I  
25 say, it's a statistical property that if you roll 03:31:42

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1 the dice enough times, you will eventually get snake  
2 eyes. If you only report the snake eyes and fail to  
3 report everything else, it's not fair to say that  
4 you actually caused snake eyes.

5 Q Dr. Cantor, so it's your testimony today that 03:31:58  
6 there are no positive results from this Kuper 2020,  
7 et al., study?

8 MR. BARHAM: Objection as to form.

9 THE WITNESS: No, that's not my testimony  
10 either. 03:32:10

11 BY COUNSEL SWAMINATHAN:

12 Q So your testimony is what, that there -- you  
13 just --

14 A The positive results they found are easily  
15 attributable to a statistical fluke or game plan 03:32:19  
16 rather than an actual reflection of changes in the  
17 actual age and groups.

18 Q Okay. So that method also applies to studies  
19 showing negative reports; right?

20 A The principle applies to -- no, it does not. 03:32:38  
21 The problem of false positives only applies to  
22 positive results.

23 Q Interesting. So it then isn't true for the  
24 negative results of other studies, but it only  
25 applies to the false positives. Is that your 03:32:59

1 testimony?

2 A Not exactly. I think we're using the word  
3 "negative" in different ways.

4 Q Okay.

5 A In statistics, the word "negative" means we 03:33:11  
6 didn't find anything. Everything stays flat.  
7 Everything remains exactly where it was.

8 I'm wondering if you're using the word  
9 "negative" to mean unfortunate or deleterious.

10 Q No, I think -- I think I -- I understand 03:33:25  
11 your -- the way you've been using "negative," so --

12 A Okay. In statistics, it is indeed true that  
13 the methods used to find positive results are  
14 different from the ones that we use for analyzing  
15 negative results. They are not equal. 03:33:38

16 Q Okay. And are you aware of the 2020  
17 van der Miesen, et al., study titled "Psychological  
18 Functioning in Transgender Adolescents Before and  
19 After Gender-Affirmative Care Compared With  
20 Cisgender General Population Peers"? 03:33:58

21 A Yes, I am. It also is in my report.

22 COUNSEL SWAMINATHAN: I'm going to introduce  
23 tab 12, which will be Exhibit 54.

24 (Exhibit 54 was marked for identification  
25 by the court reporter and is attached hereto.) 03:34:06

1 THE WITNESS: Hang on. If I can just refer  
2 to my report again for the van der Miesen section.

3 BY COUNSEL SWAMINATHAN:

4 Q No problem. I can speed it up for you and  
5 say that you have cited this report on page 25 and 03:34:19  
6 26.

7 A Perfect. Thank you.

8 Q No problem.

9 Just a -- one more question regarding the --  
10 the statistics we were just talking about. So -- 03:34:37

11 A One second.

12 Okay. I'm ready.

13 Q Is your -- is it your understanding that data  
14 can be skewed or explained by alternate causation in  
15 all of these studies? 03:34:59

16 A I don't think you're using the word "skew"  
17 the way we use it in statistics.

18 Can you phrase the question a different way?

19 Q Sure. Isn't it possible that data can be  
20 represented or explained by alternative causation in 03:35:19  
21 all of these studies?

22 MR. TRYON: Objection; form of the question.

23 THE WITNESS: I don't know what you mean by  
24 alternative causality, was it, you said?

25 ///

1 BY COUNSEL SWAMINATHAN:

2 Q Yeah, of -- you know, you said earlier that,  
3 you know, there -- there are alternate reasons for  
4 why some studies -- some of the results of certain  
5 studies may be misrepresented in how the results are 03:35:46  
6 presented; right?

7 A Some people will cherry-pick which results  
8 they report, yes.

9 Q Right. And so are you saying that, you know,  
10 if you roll the dice enough times, you can get 03:36:02  
11 results that you want and that's what some of these  
12 researches have done?

13 A Yes, that's true.

14 Q Yeah. And isn't that true that that's a  
15 possibility for all studies? 03:36:20

16 A Yes, it is.

17 MR. TRYON: Objection.

18 BY COUNSEL SWAMINATHAN:

19 Q Okay.

20 A Yes, it is. And in figuring out what the 03:36:26  
21 probability of that happening is for any particular  
22 study is itself an important branch of statistics.

23 Q And so I think you have Exhibit 54 up, is  
24 that correct, the van der Miesen study?

25 A Yes. 03:36:49

1 Q Great. So this study was conducted -- or it  
2 looks like it was a team of van der Miesen,  
3 Steensma, de Vries, Bos and Popma, is that correct,  
4 as the -- the authors of this study?

5 A Yes, it is. 03:37:13

6 Q Okay. And do you know any of these folks?

7 A No. I've never met anybody.

8 Q Okay. And so this study was published in  
9 2020 in the Journal of Adolescent Health; is that  
10 right? 03:37:27

11 A Yes, it is.

12 Q And are you aware that the results of this  
13 study showed fewer emotional and behavioral problems  
14 after puberty suppression and similar or fewer  
15 problems compared to same-age cisgender peers? 03:37:38

16 A Yes, I am.

17 Q Okay. And at the time you authored your  
18 report, were you aware of this study?

19 A Yes, I was. It's referenced in it.

20 Q Did you reference this finding in your 03:37:56  
21 report?

22 A I -- I referenced the finding and also  
23 then -- the people in this clinic also received  
24 psychotherapy along with their medical care.

25 Q Similar to the Dutch study; right? 03:38:10

1 A This is one of the Dutch studies.

2 Q This is a later version; correct?

3 A That's right.

4 Q 2020.

5 And are you -- actually, we -- we just spoke 03:38:24  
6 about the 2015 Costa, et al., article; right? So I  
7 assume you are familiar with "Psychological Support,  
8 Puberty Suppression and Psychosocial Functioning in  
9 Adolescents with Gender Dysphoria"?

10 A That is correct. 03:38:40

11 Q Okay.

12 COUNSEL SWAMINATHAN: I'm going to introduce  
13 tab 13, which will be marked as Exhibit 55.

14 (Exhibit 55 was marked for identification

15 by the court reporter and is attached hereto.) 03:38:44

16 BY COUNSEL SWAMINATHAN:

17 Q And I'll represent to you that you do cite  
18 this study as well in your report, on page 22, if --  
19 if you would like to reference that, but I won't be  
20 referring to your report in asking my questions. 03:39:11

21 MR. BARHAM: Do you want the report?

22 THE WITNESS: No. I'm fine with this.

23 I see it.

24 BY COUNSEL SWAMINATHAN:

25 Q Great. And so let's look at the authors of 03:39:21



1 this study. It's Rosalia Costa, Michael Dunsford,  
2 Elin Skagerberg, Victoria Holt, Polly Carmichael and  
3 Marco Colizzi.

4 Do you see that?

5 A Yes, I do. 03:39:40

6 Q Do you know any of these folks?

7 A No, I don't.

8 Q Okay. And this study was published in the  
9 Journal of Sexual Medicine; is that correct?

10 A Yes, it is. 03:39:48

11 Q Do you agree that the Journal of Sexual  
12 Medicine is a highly respected publication?

13 A No, I don't.

14 Q Why do you disagree?

15 A I had interactions with not the current 03:40:08  
16 editor, but the prior editor of the journal.

17 Together with reviews and instructions to peer

18 reviewers, he asked specifically that authors

19 increase the number of papers citing that particular

20 journal and manuscripts sent to that journal which 03:40:28

21 would elevate that journal's -- it's called an

22 impact factor. The number of citations to studies

23 in it is a measure of how important the journal is.

24 So the prior editor was trying to gain the

25 system. So at that point, I refused any further 03:40:45

1 contact with the -- with the journal itself or that  
2 editor.

3 As I said, there's a new editor. I have had  
4 some contact with -- with the new editor, who no  
5 longer participates in that policy, but I remain 03:40:52  
6 rather skeptical of the journal itself.

7 Q Have you ever submitted any of your studies  
8 to be published in the Journal of Sexual Medicine?

9 A I don't recall. If I did, it would have been  
10 one soon after the journal started. 03:41:18

11 Q Okay. And is this Journal of Sexual Medicine  
12 a peer-reviewed publication?

13 A Yes, it is.

14 Q And are you aware that the results of this  
15 study found increased psychological function after 03:41:36  
16 six months of puberty suppression in adolescents  
17 with gender dysphoria?

18 A I'm aware that that's what it reported.

19 Q Did you include that finding in your report?

20 A Yes, I did, together with the caveat that 03:41:51  
21 becau- -- that they were also receiving mental  
22 healthcare at the same time.

23 This -- this paper didn't have a medical  
24 care -- medical care only.

25 Q Okay. And are you aware of the 2014 03:42:07

1 de Vries, et al., study titled "Young Adult  
2 Psychological Outcome After Puberty Suppression and  
3 Gender Reassignment"?

4 A Yes, I am.

5 COUNSEL SWAMINATHAN: I'm going to introduce 03:42:25  
6 tab 14, which will be marked as Exhibit 56.

7 (Exhibit 56 was marked for identification  
8 by the court reporter and is attached hereto.)

9 THE WITNESS: I have it.

10 BY COUNSEL SWAMINATHAN: 03:42:50

11 Q Great. And so let's look at the authors.  
12 There's Annelou de Vries, Jenifer McGuire,  
13 Thomas Steensma, Eva Wagenaar, Theo Doreleijers and  
14 Peggy Cohen-Kettenis.

15 Do you see that? 03:43:11

16 A Yes, I do.

17 Q Are you familiar with any of these folks?

18 A By reputation only.

19 Q Who are you familiar with by reputation?

20 A De Vries, because of the number of studies 03:43:21  
21 that -- that they've been involved with, and  
22 Dr. Cohen-Kettenis with her -- through her  
23 association with Dr. Zucker.

24 Q Have you met either de Vries or  
25 Cohen-Kettenis before? 03:43:36

1 A No, I have not.

2 Q Have you communicated with them via e-mail?

3 A No, I have not.

4 Q Or by phone?

5 A No. 03:43:45

6 Q Okay. And so this study was accepted for  
7 publication on July 7th, 2014, and it's published in  
8 the Pediatrics journal that we just referred to  
9 earlier.

10 Are you aware that this study followed a 03:44:02  
11 cohort of transgender young people in the  
12 Netherlands, from puberty suppression through  
13 surgical treatment?

14 A Yes, I am.

15 Q And, in fact, these are some of the same 03:44:12  
16 authors who wrote the Dutch study that you  
17 described, in great length, in your report; right?

18 A This is indeed the Dutch team, and it was on  
19 the basis of these results that they began forming  
20 what we're now calling the Dutch model. 03:44:30

21 Q And are you aware that this study found that  
22 the cohort had global functioning that was  
23 equivalent to the Dutch population?

24 A Yes, I am.

25 Q And you included this study in your report; 03:44:44

1 right?

2 A Yes, I did.

3 Q And did you take similar issue with the fact  
4 that this study did not have a control of folks who  
5 received psychotherapy only? 03:44:57

6 A The issue wasn't that it lacked a group of  
7 psychotherapy only; the problem is that the study  
8 had no method of separating how much of its result  
9 was due to psychotherapy versus due to medical  
10 intervention. 03:45:27

11 Q And that's typically done using a control  
12 group, though; right?

13 A That's one of the ways to do that, yes.

14 Q What are some of the other ways to do that?

15 A It's an advanced statistical technique called 03:45:38  
16 "allocation of variance," essentially.

17 Q Okay.

18 A Or there's a better term. I'll get it.  
19 "Covariance analysis."

20 Q Covariance analysis. 03:45:57

21 And so is it fair to say that the positive  
22 findings of the Dutch study have indeed been  
23 replicated?

24 A No, not meaningfully.

25 Q What is the difference between having been 03:46:19

1 replicated and having been replicated meaningfully?

2 A Other studies that have attempted to

3 replicate it have changed parts of the protocol in

4 one way or another or changed the ways that they

5 measure the outcomes in order to make direct

03:46:40

6 comparison difficult.

7 Q So the de -- de Vries, as you pronounced it,

8 2014 study, in your opinion, did not replicate the

9 positive findings of the Dutch study?

10 A De Vries, 2014, is the Dutch study.

03:46:57

11 Q This is -- so I believe we're talking about

12 several Dutch studies at this -- at this point.

13 So you had testified earlier that, I believe,

14 the Dutch study was replicated in 2020 as well; is

15 that correct?

03:47:21

16 A Are you referring to the van der Miesen

17 study?

18 Q I am, yes.

19 A No. The van der Miesen 2020 study, from the

20 Dutch group, would not be fairly called a

03:47:46

21 replication of their own 2011 and 2014 studies.

22 Q So why isn't it a fair replication?

23 A It's a different patient sample approaching

24 the clinics now than in the years when -- when the

25 first studies came out.

03:48:08

1 Q What would you say the primary difference in  
2 the patiel -- patient sample is?

3 A The psychological profiles, their ages, their  
4 sex ratios.

5 Q Any other differences? 03:48:22

6 A Those are the major ones.

7 Q Okay.

8 COUNSEL SWAMINATHAN: So I'm going to  
9 introduce tab 15, which has been marked as  
10 Exhibit 57. 03:48:37

11 (Exhibit 57 was marked for identification  
12 by the court reporter and is attached hereto.)

13 BY COUNSEL SWAMINATHAN:

14 Q Let me know when you're able to access it,  
15 please. 03:49:24

16 A Yes, I have it now.

17 Q Great. And so this is the 2011 Dhejne study;  
18 correct?

19 A It's Swedish.

20 Q How would you pronounce that? 03:49:39

21 A Oh, oh, oh, you mean the -- the author's  
22 name. I'm sorry. You said "Dane," and my brain  
23 registered Danish.

24 Q No.

25 A Actually, I don't know how to pronounce this 03:49:49

1 author's name.

2 Q I've heard "Dhejne" for "Dhejne," so I'm  
3 going to go with "Dhejne" today.

4 But do you see that this study was conducted  
5 by Cecilia Dhejne, Paul Lichtenstein, Marcus Boman, 03:50:01  
6 Anna Johansson, Niklas Långström and Mikael Landén?

7 Do you see that?

8 A Yes.

9 Q And it's titled "Long-Term Follow-Up of  
10 Transsexual Persons Undergoing Sex Reassignment 03:50:13  
11 Surgery: Cohort Study in Sweden."

12 Did I read that correctly?

13 A Yes.

14 Q You cite this study in your report; correct?

15 A Yes, I believe I do. Let me just refer to my 03:50:26  
16 own report with context.

17 Do you have the page number offhand.

18 Q I do. It's page 5 of your report.

19 A Thank you.

20 Yes, ready. 03:51:10

21 Q So one of the points for which you cite this  
22 study is to say that Swedish patients who underwent  
23 gender-affirming firming surgery had a 19.1 times  
24 greater suicide rate than the control group; right?

25 A Yes. 03:51:30



1 Q Okay. Beyond the Dhejne study, are you aware  
2 of any other authority for that claim?

3 A Not offhand, no.

4 Q Okay. And who is the control group for the  
5 Dhejne study? 03:51:45

6 A The Danish population, average.

7 Q And you understand that the control group  
8 consisted of patients without gender dysphoria;  
9 right?

10 A Yes. 03:51:58

11 Q Okay. So what this Dhejne study compared was  
12 the suicide rate for patients who underwent  
13 gender-affirming surgery against the general Swedish  
14 population; right?

15 A Correct. 03:52:12

16 Q Okay. And the suicide rate for patients who  
17 underwent gender-affirming surgery was not compared  
18 against patients who were transgender, but had no  
19 access to medical care; right?

20 A Correct. 03:52:27

21 Q Okay. So no one in the control group was  
22 transgender; right?

23 A There's no way to say that. I would hesitate  
24 to call the remain- -- the demographics of the  
25 remaining population a control group. They didn't 03:52:42

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1 exactly participate at all except via government  
2 statistic.

3 Q And they were ten randomly selected control  
4 persons who were matched by sex and birth year;  
5 right? 03:52:57

6 A I would have to recheck the original study  
7 for the details, but that sounds about correct.

8 Q Okay. You know that there are studies that  
9 find that patients with gender dysphoria who don't  
10 undergo gender-affirming surgery have a higher risk 03:53:08  
11 of suicide compared to the general population. Are  
12 you aware of that?

13 A Yes, I am.

14 Q Okay. If you could please turn to page 7 of  
15 this study. 03:53:22

16 A Yes.

17 Q And the font size is quite small, but if you  
18 look at the left side of the page and the third full  
19 paragraph in that left column, it starts with "For  
20 the purpose of evaluating." 03:53:45

21 Can you take a moment to read that paragraph,  
22 please?

23 A Yes.

24 Q So the authors recognize that persons with  
25 gender dysphoria before sex reassignment may differ 03:54:26

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1 from control patients who do not have gender  
2 dysphoria; right?

3 A I'm sorry, say that again.

4 Q Sure. The authors of this study recognize  
5 that people with gender dysphoria before sex 03:54:39  
6 reassignment may differ from control patients who do  
7 not have gender dysphoria; right?

8 A That is correct.

9 Q They say "In other words" -- this is a quote  
10 directly from the study (as read): 03:54:55

11 "In other words, the results should  
12 not be interpreted such as sex  
13 reassignment per se increases  
14 morbidity and mortality."

15 Do you see that? 03:55:05

16 A Yes, I do.

17 Q You agree that this study does not support  
18 the conclusion that sex reassignment by itself  
19 increases the risk of suicide; right?

20 A That would be a bizarre conclusion, correct. 03:55:19

21 Q Okay. And this study does not support the  
22 conclusion that sex reassignment by itself increases  
23 risk of other morbidities; right?

24 A I'm sorry, ask that again.

25 Q Sure. This study does not support the 03:55:36

1 conclusion that sex reassignment by itself increases  
2 risks of other morbidities; right?

3 A By itself, no.

4 Q Okay. And the authors even go on to say

5 "Things might have been even worse without sex 03:55:54  
6 reassignment."

7 Do you see that?

8 A Yes, I do.

9 Q Okay.

10 COUNSEL SWAMINATHAN: And I'm going to 03:56:05  
11 introduce tab 16, which has been marked as  
12 Exhibit 58.

13 (Exhibit 58 was marked for identification  
14 by the court reporter and is attached hereto.)

15 THE WITNESS: I have it. 03:56:40

16 BY COUNSEL SWAMINATHAN:

17 Q Great. And so I believe we referenced this  
18 study earlier in our conversation. This is a study  
19 titled "Mental Health of Transgender Children Who  
20 Are Supported in Their Identities," and the authors 03:56:52  
21 are Kristina Olson, Lily Durwood, Madeleine DeMeules  
22 and Katie McLaughlin.

23 Do you see that?

24 A Yes, I do.

25 Q Are you familiar with any of these authors? 03:57:02

1 A No, I am not.

2 Q Do you recognize this study?

3 A By title, I do. For content, I need to check  
4 my report again.

5 Q Okay. I'll represent to you that you do cite 03:57:18  
6 this study in your report, and if helpful, I can  
7 point you to the paragraph number. It's  
8 paragraph --

9 A Okay.

10 Q -- paragraph 15 of your report. And I'll get 03:57:32  
11 the page number for you. Pages 5 to 6 of your  
12 report.

13 A Hold on.

14 Yeah, I have it.

15 Q Great. And so in paragraph 15 of your 03:57:59  
16 report, you state, quote, (as read):

17 "Olson's report turned out to be  
18 incorrect. The Olson data were  
19 reanalyzed and after correcting for  
20 statistical errors in the original 03:58:08  
21 analysis, the data instead showed  
22 that the gender dysphoric children  
23 under Olson's care did, in fact,  
24 exhibit significantly lower mental  
25 health." 03:58:20

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1 And the cite you have for -- for that  
2 statement is "Schumm & Crawford, 2020: Schumm, et  
3 al., 2019."

4 Did I read that accurately?

5 A Yes, that's correct. 03:58:34

6 Q Okay. And so is it your understanding that  
7 the Olson data was reanalyzed by Schumm and  
8 Crawford?

9 A Yes.

10 Q Have you independently conducted your own 03:58:47  
11 statistical analysis of the Olson data?

12 A No, I have not.

13 Q Okay. Have you asked any other  
14 statistician's opinion on whether Olson's  
15 statistical analysis was wrong? 03:59:02

16 A No, I have not.

17 Q Okay. Do you know if Schumm's statistical  
18 analysis has ever been questioned in a court of law?

19 A Not that I know of, no.

20 Q Okay. 03:59:19

21 COUNSEL SWAMINATHAN: So I'm going to  
22 introduce tab 17, which will be marked as  
23 Exhibit 59.

24 (Exhibit 59 was marked for identification  
25 by the court reporter and is attached hereto.) 04:00:02

1 BY COUNSEL SWAMINATHAN:

2 Q Let me know when you're able to see it.

3 A I can see it.

4 Q Great. And so I'll represent to you that

5 this is a copy of an opinion from the District Court 04:00:11

6 of Appeal of Florida, Third District, and the title

7 of the case is Florida Department of Children and

8 Families, Appellant, versus Adoption of -- in re

9 Matter of Adoption of X.X.G. and N.R.G., Appellees.

10 Do you see that?

04:00:29

11 A Yes, I do.

12 Q Are you familiar with this case?

13 A No, I am not.

14 Q You don't know what it's about; right?

15 A Correct.

04:00:44

16 Q Okay. I'll represent to you that in this

17 case, Dr. Schumm conducted a methodological analysis

18 of the works of psychologists on homosexual

19 parenting. So this is a case about the adoption of

20 children by a gay parent. And I'll -- I'll make

04:00:57

21 that representation to you, but also please feel

22 free to review the document in further detail, if

23 you -- if you need to. But if not, I would like to

24 turn your attention to pages 7 and 8 of the PDF.

25 Start on page 7:

04:01:12

1 A I'm there.

2 Q Great. And so if you could read from "We  
3 consider first the Department's experts." If you  
4 could read that paragraph and let me know when you  
5 are done. 04:01:46

6 A Just the one paragraph on that page?

7 Q Yes. Just on that page. I just want you to  
8 have the understanding that Dr. Schumm was one of  
9 the department's witnesses in this case.

10 And then if you turn to the next page, 04:02:06  
11 page 8. If you can read the paragraph -- it's a  
12 lengthy paragraph -- on the left-hand side of the  
13 page, along with the final paragraph at the bottom,  
14 and let me know when you're finished with that, that  
15 would be great. 04:02:26

16 A Okay.

17 Q Okay. And so what you just read, it states  
18 the following (as read):

19 "Dr. Schumm admitted that he applies  
20 statistical standards that depart 04:03:34  
21 from conventions in the field. In  
22 fact, Dr. Cochran and Dr. Lamb  
23 testified that Dr. Schumm's  
24 statistical re-analysis contained a  
25 number of fundamental errors. 04:03:43

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1 Dr. Schumm ultimately concluded that  
2 based on his re-analysis of the  
3 data, there are statistically  
4 significant differences between  
5 children of gay and lesbian parents 04:03:54  
6 as compared to children of  
7 heterosexual parents. Dr. Schumm  
8 understands that much of the  
9 scientific community disagrees with  
10 his conclusions and concedes to the 04:04:01  
11 possibility that some gay parents  
12 may be beneficial to some children."

13 Did I read this correctly?

14 A Yes, as best I can see.

15 Q Had you previously been aware that Dr. Schumm 04:04:12  
16 admitted in a court of law that he applies  
17 statistical standards that depart from conventions  
18 in the field?

19 A I'm sorry, is that what I read?

20 Q You can see it says "Dr. Schumm admitted that 04:04:27  
21 he applies statistical standards that depart from  
22 conventions in the field," in the middle of page 8.

23 A Yes, I see it.

24 Q If you had known this information, would that  
25 have affected your thinking about whether Schumm was 04:04:45

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1 a reliable source for the reanalysis of the Olson  
2 data?

3 A No, I don't think so.

4 Q Why not?

5 A Because of the lack of the response from the 04:04:59  
6 original team that he commented on.

7 Q What do you mean by that?

8 A Olson never replied to Schumm's correction,  
9 and Schumm's correction, in this instance, was  
10 published, unlike what's being described in the case 04:05:15  
11 you just put before me.

12 Q And are you aware that there was a correction  
13 issued for the 2016 Olson article?

14 A Yes, I am.

15 COUNSEL SWAMINATHAN: I'm going to introduce 04:05:28  
16 tab 18, which will be marked as Exhibit 60.

17 (Exhibit 60 was marked for identification  
18 by the court reporter and is attached hereto.)

19 BY COUNSEL SWAMINATHAN:

20 Q Let me know when you have the document up. 04:05:58

21 A I do.

22 Q Okay. So I'm going to represent to you that  
23 this is an errata of the Olson 2016 "Mental Health  
24 of Transgender Children Who Are Supported in Their  
25 Identities," and this errata was published in 04:06:08

1 August 2018, as you can see at the bottom of the  
2 page.

3 A Yes.

4 Q So if you read the second paragraph on that  
5 page, the only correcting to the article was a 04:06:26  
6 missing comma, not any changes to the statistics in  
7 the Olson analysis; correct?

8 A Correct.

9 Q And I'm going to ask you to look back at what  
10 was previously marked as Exhibit 44 -- sorry -- 04:06:38  
11 Exhibit 45, which is your report, again, and if you  
12 could please turn to page 6.

13 A Yes.

14 Q In paragraph 16 of your report, on page 6,  
15 you state, quote, (as read): 04:07:09

16 "I conducted an electronic search of  
17 the research literature to identify  
18 any responses from the Olson team  
19 regarding the Schumm and Crawford  
20 re-analysis of the Olson data and 04:07:20  
21 was not able to locate any. I  
22 contacted Professor Schumm by email  
23 on August 22, 2021 to verify that  
24 conclusion, to which he wrote there  
25 has been: 'No response [from 04:07:34

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1 Olson].'"

2 End quote.

3 Did I read that correctly?

4 A Yes.

5 Q Did you ever reach out directly to 04:07:41

6 Kristina Olson regarding the results of this study?

7 A No, I did not.

8 Q Why not?

9 A It wasn't pertinent to my analysis. Had she  
10 had a response, it should have been published. 04:07:58

11 Q Did you ever reach out to anyone else on the  
12 Olson team regarding the results of this study?

13 A No, I did not.

14 Q Okay. Are you aware of the 2021 Gibson,  
15 et al., study titled "Evaluation of Anxiety and 04:08:12  
16 Depression in a Community Sample of Transgender  
17 Youth"?

18 A Not by title. Did I cite that one?

19 Q I don't believe you have included this study  
20 in your report. 04:08:30

21 A Okay.

22 Q But as you said, you may have discovered it  
23 in your further research, but I will show it to you  
24 so that we are on the same page of what we're  
25 talking about. 04:08:42

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1 COUNSEL SWAMINATHAN: So I'm going to  
2 introduce tab 19, which will be marked as  
3 Exhibit 61.

4 (Exhibit 61 was marked for identification  
5 by the court reporter and is attached hereto.) 04:08:53

6 BY COUNSEL SWAMINATHAN:

7 Q Also, while we're waiting for that exhibit to  
8 load, is there any reason that you felt the need to  
9 reach out to Professor Schumm, but not  
10 Kristina Olson, with respect to the Olson study? 04:09:03

11 A Only that given my known reputation, given  
12 that -- the great polarization in the field, I  
13 didn't anticipate a cordial or appropriate response  
14 from Olson. It didn't seem to be -- there didn't  
15 seem to be a point to me. 04:09:30

16 Q What is your known reputation that you  
17 referred to in the field?

18 A I'm known as highly critical of a lot of the  
19 claims that people are making.

20 Q And is that what leads to what you refer to 04:09:41  
21 as the great polarization?

22 A Leads to, no. I think it's an element of.

23 Q What are the other elements?

24 A Well, that the same thing happens to anybody  
25 who says anything critical about anybody's thinking 04:09:56

1 on either side of such questions.

2 Q How do you know that?

3 A I'm frequently a target of it. I'm  
4 frequently in contact with other targets of it. It  
5 has become one of the most frequently discussed 04:10:19  
6 issues, not -- in the media and among academics.

7 Q So what evidence do you have that you are  
8 frequently a target of this -- you know, the  
9 polarization that you speak of?

10 A On social media, the way that my views are 04:10:31  
11 misrepresented in -- I wouldn't say mainstream  
12 media, but in minority media, I'm frequently  
13 misrepresented in -- in -- in similar ways.

14 Q Okay. And so please let me know if Exhibit  
15 61 has entered your file share. 04:10:56

16 A Yes, I see it.

17 Q Okay. Great.

18 So this is a study conducted by Gibson --  
19 Dominic Gibson, Jessica Glazier and Kristina Olson.

20 Do you see that? 04:11:17

21 A Yes, I do.

22 Q And this was a 2021 study.

23 Do you see that?

24 At the bottom of the page, you can --

25 A Yes, I do. 04:11:31

1 Q Great. And so do you see that Kristina Olson  
2 is an author -- one of the authors of this study?

3 A Yes, I see.

4 Q And you told me that you had not seen this  
5 study before; correct?

04:11:48

6 A Correct.

7 Q So I want to give you a second to review the  
8 introduction and perhaps the -- the first page, as  
9 much --

10 A Okay. Give me a moment.

04:12:10

11 Q Absolutely.

12 A Yes.

13 Q Great. So as you can see, this study has a  
14 bigger sample size than the 2016 Olson study;  
15 correct?

04:14:12

16 A Yes.

17 Q And you said you were not aware of this more  
18 recent study at the time you authored your report;  
19 right?

20 A I would hesitate to say that I was unaware  
21 entirely, but at least when I was going through the  
22 literature, it did not fit what I thought was  
23 relevant, so I passed it by.

04:14:18

24 Q Why didn't you think this study was relevant?

25 A Oh, I thought -- as I said, I imagine in the

04:14:36

1 mindset then, I still didn't see how it was  
2 relevant -- still don't see exactly how it was  
3 relevant or would add anything above the studies I  
4 already cited.

5 Q So it's your testimony that the study didn't 04:14:45  
6 add any new findings or new opinions to the studies  
7 that you had already relied on in offering your  
8 report; right?

9 A I would have to read it in full in order to  
10 be able to say that for sure. When you asked had I 04:14:59  
11 seen it before, I can't say whether I actually said  
12 (sic) it before and rejected it or if I, in fact,  
13 hadn't seen it before, for whatever reason.

14 Q And, Dr. Cantor, do you agree that  
15 transgender or gender-dysphoric youth experience 04:15:19  
16 significantly higher levels of anxiety and  
17 depression than their cisgender peers?

18 A That's what the science seems to indicate,  
19 yes.

20 Q So if you look at page 3 of this study, 04:15:32  
21 understanding that you have not had the time to  
22 fully review it, at the top of the page, the  
23 paragraph starting "Nonetheless," this study found  
24 that many socially transitioned transgender or  
25 gender-dysphoric youth experienced levels of anxiety 04:15:56



1 and depression in the normative range and equal to  
2 or only slightly higher than their sibling --  
3 siblings and cisgender peers.

4 Do you see that?

5 A Yes, I do. 04:16:09

6 Q So are you aware of any studies showing that  
7 the existence of a Y chromosome provides an athletic  
8 advantage if a person does not go through endogenous  
9 male puberty?

10 MR. BARHAM: Objection as to form and scope. 04:16:25

11 MR. TRYON: Objection.

12 THE WITNESS: I'm sorry, could you say that  
13 again?

14 BY COUNSEL SWAMINATHAN:

15 Q Sure. Are you aware of any studies showing 04:16:32  
16 that the existence of a Y chromosome in an -- in an  
17 individual provides an athletic advantage if a  
18 person does not go through endogenous male puberty?

19 MR. TRYON: Objection.

20 THE WITNESS: I have seen such studies, but 04:16:58  
21 because that question was outside of the scope of  
22 what was -- of the questions posed to me, I didn't  
23 study them closely.

24 BY COUNSEL SWAMINATHAN:

25 Q Can you name some of those studies that 04:17:08

1       you've seen?

2           A     No, not offhand.

3           Q     Okay. Are you aware of any studies showing  
4       that the existence of genitalia associated with the  
5       male sex assigned at birth provides an athletic       04:17:22  
6       advantage?

7           MR. BARHAM: Objection as to form, scope and  
8       terminology.

9           MR. TRYON: Same objection.

10          THE WITNESS: The studies that I saw didn't       04:17:33  
11       break down sex into the various components or  
12       evidence that indicates sex.

13       BY COUNSEL SWAMINATHAN:

14          Q     So it fair to say that you haven't seen a  
15       study showing that the existence of genitalia       04:17:44  
16       associated with the male sex assigned at birth  
17       specifically provides an athletic advantage?

18          A     No --

19          MR. TRYON: Same objection.

20          THE WITNESS: No, that's not exactly the same    04:17:56  
21       thing. The studies typically compare boys versus  
22       girls. They didn't compare any of the components  
23       that led them to know or believe that the boys were  
24       boys and the girls were girls. They divided boys  
25       and girls, but they didn't analyze differences       04:18:10

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1 specifically according to chromosomes or genitalia.

2 BY COUNSEL SWAMINATHAN:

3 Q Can you recall the names of any of those  
4 studies that you're referring to?

5 A No. I didn't study them as closely since 04:18:21  
6 they weren't part of the questions posed to me.

7 Q Okay.

8 COUNSEL SWAMINATHAN: I'm going to show you  
9 tab 21, which will be marked as Exhibit 62.

10 (Exhibit 62 was marked for identification 04:18:32  
11 by the court reporter and is attached hereto.)

12 THE WITNESS: I hit the wrong button.

13 MR. BARHAM: Is this a good break time?

14 COUNSEL SWAMINATHAN: Sure.

15 Do you need a break, Dr. Cantor? 04:19:22

16 Can we go off the record?

17 No problem.

18 THE VIDEOGRAPHER: Yes. We are going off the  
19 record at 4:19 p.m., and this is the end of Media

20 Unit No. 5. 04:19:32

21 (Recess.)

22 THE VIDEOGRAPHER: Okay. We are back on the  
23 record, 4:31 p.m., and this is the beginning of  
24 Media Unit No. 6.

25 Go ahead, please. 04:31:03

1 COUNSEL SWAMINATHAN: Great.

2 BY COUNSEL SWAMINATHAN:

3 Q So, Dr. Cantor, I believe just before the  
4 break I was introducing tab 21, which is marked as  
5 Exhibit 62, into the Exhibit Share. Please let me 04:31:10  
6 know if you've been able to access it.

7 A Yes, I can see it.

8 Q Great. And have you seen this one page  
9 before?

10 A Yes. I wrote it. 04:31:43

11 Q Okay. And so JamesCantor.org is your  
12 website; right?

13 A Yes, it is.

14 Q Great. And why did you include this bill of  
15 transsexual rights on your website? 04:31:54

16 A Typically addressing the other pole of this  
17 highly polarized debate.

18 Q So the first bill of rights states that  
19 "People who are transsexual have the right to  
20 respect." 04:32:10

21 Do you agree with this statement?

22 A Yes, I do.

23 Q Great. And under the statement, it reads (as  
24 read):

25 "As societies and institutions 04:32:22

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1 become increasingly aware of their  
2 transsexual members and  
3 participants, they become  
4 increasingly confronted by the needs  
5 to assimilate and accommodate what 04:32:30  
6 they used to ignore. Taking on  
7 these tasks from a position of basic  
8 respect will go a long way in  
9 establishing inclusive policies and  
10 healthy environments." 04:32:41

11 Did I read that accurately?

12	A Yes.
----	--------

13 Q What inclusive policies are you referring to  
14 here on your website?

15	A	I wasn't referring to any particular policy.	04:32:53
----	---	--	----------

16 Q So when you say "Taking on these tasks from a  
17 position of basic respect will go a long way in  
18 establishing inclusive policies," what did you mean  
19 inclusive -- what did you mean when you wrote  
20 "inclusive policies"? 04:33:11

21           A   Policies that would help transsexuals feel  
22           included in the rest of society.

23 Q Got it. And what did you understand -- or  
24 what do you understand the phrase "healthy  
25 environments" to mean? 04:33:22

1           A    I wasn't trying to make a -- I wasn't trying  
2           to be specific, certainly not when I wrote this,  
3           which, I think, now was more than ten years ago. I  
4           was referring in general to how caustic environments  
5           were -- were becoming for everybody in those days.           04:33:41

6                     Unfortunately, environments have become all  
7           the more, as they say, polarized.

8           Q    Do you still agree with this statement as it  
9           reads on your website?

10           A    I -- I agree with the statement, but, of           04:33:52  
11           course, we're in a very different context now.  
12           Society, I mean, is in a very different context now.

13           Q    What's different about the context now as  
14           compared to when you authored this portion of your  
15           website?           04:34:14

16           A    Oh, goodness. Most of the child transition  
17           issues have now become mainstream issues, and people  
18           are making extreme statements and cherry-picking and  
19           overstating the reality on both sides.

20           Q    So I pulled this document, as you can see at           04:34:34  
21           the corner of the page, on March 17th, 2022, at  
22           7:14 a.m. I was up early that day.

23                     Is there a reason that you haven't updated  
24           your website in the last ten years?

25           A    Oh, I just became involved in other projects.           04:34:52

1 It also became easier to communicate with the public  
2 in other venues. Again, ten years ago, we barely  
3 had any -- we barely had any social media. I'm not  
4 even sure we had Twitter then. So now there are  
5 just other venues by which to communicate these 04:35:11  
6 types of ideas.

7 Q Got it. Okay.

8 And so the second bill of rights states (as  
9 read):

10 "People considering transition have 04:35:18  
11 the right to be free from undue  
12 pressure to transition -- to  
13 de-transition, or not to transition.

14 Do you agree that people considering  
15 transition have the right to be free from undue 04:35:28  
16 pressure to not transition?

17 A Yes.

18 Q And under this statement, it reads (as read):

19 "Some aspects of transition, such as  
20 medical interventions, affect only 04:35:44  
21 the person undergoing the process,  
22 and some aspects of transition  
23 directly affect other people in  
24 their lives. People considering and  
25 undergoing transition have the right 04:35:55

1 to make their choices on the basis  
2 of these only, and not for any  
3 political, religious, or societal  
4 statement that it might be perceived  
5 to be making."

04:36:06

6 Did I read that correctly?

7 A Yes.

8 Q Do you agree that medical interventions and  
9 transitioning affect only the person undergoing the  
10 process?

04:36:17

11 A That would depend on the medical intervention  
12 itself. That's not a -- medical interventions  
13 aren't one thing.

14 Q Got it. So it's a -- as your words say,  
15 "Some aspects of transition, such as medical  
16 interventions, affect only the person undergoing the  
17 process..."

04:36:34

18 What did you mean by that?

19 A I was allowing for the possibility, such as,  
20 for example, cosmetic -- purely cosmetic changes are  
21 for the person themselves, but someone who is going  
22 to be -- replace wearing false breasts with breast  
23 implants, to the outside world, it will look the  
24 same, but it will feel very different to the person.

04:36:46

25 Q So apologies, you said that medical

04:37:03

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1 intervention such as cosmetic changes? So is -- is  
2 a cosmetic change like wearing a, you know, fake  
3 breast-augmenting device a medical intervention?

4 A I didn't mean to and still don't mean to be  
5 that precise so much as to point out to readers 04:37:21  
6 that -- that there exists interventions which may  
7 have absolutely nothing to do with -- with anybody  
8 other than the transsexual person themselves. I  
9 didn't mean to try to enumerate or express an  
10 opinion about any particular one of them. 04:37:40

11 Q But you agree that those interventions can be  
12 medical, correct, as --

13 A Yes.

14 Q Okay. And you then go on to state that (as  
15 read): 04:37:47

16 "People considering and undergoing  
17 transition have the right to make  
18 their choices on the basis of these  
19 only, and not for any political,  
20 religious, or societal statement..." 04:38:00

21 Do you agree that it should be the  
22 transgender person's choice whether to go through  
23 medical treatment?

24 A Phrase that again, please.

25 Q Do you agree that it should be the 04:38:16

1 transgender or gender-dysphoric person's choice  
2 whether or not to go through medical treatment?

3 A Broadly speaking, yes. There can, however,  
4 and there do legitimately -- there will legitimately  
5 exist exceptions to that. 04:38:39

6 Q Okay. But broadly speaking, yes?

7 A In general, it is that person to -- it's up  
8 to that person to decide whether to do it. But, of  
9 course, if there's a medical reason not to do it  
10 that the person is ignoring, it is indeed up to the 04:38:48  
11 actual medical staff to ensure that those procedures  
12 are not engaged in, even if it is the wishes of the  
13 patient.

14 Q Okay. And if you turn to the next page,  
15 page 2 of 3 of your bill of transsexual rights, 04:39:05  
16 number 5 states (as read):

17 "People in the process of transition  
18 have the right to health care that  
19 respects the gender in which they  
20 live, including to be addressed by 04:39:14  
21 pronouns and other language that  
22 acknowledges that gender."

23 Did I read that correctly?

24 A I'm sorry, which number are you reading from?

25 Q Number 5. 04:39:34

1 A Ah.

2 MR. TRYON: Counsel, I'm going to object to  
3 questions, continued questions, on this. It's  
4 outside the scope.

5 COUNSEL SWAMINATHAN: Thank you, Counsel. 04:39:43  
6 Your objection is noted.

7 THE WITNESS: I'm sorry, I just reread it.

8 And, I'm sorry, what was your question again?

9 BY COUNSEL SWAMINATHAN:

10 Q I hadn't asked one yet, but I will -- 04:39:54

11 A Oh.

12 Q -- ask it now.

13 Do you agree that people in the process of  
14 transition have the right to be addressed by  
15 pronouns and other language that acknowledges the 04:39:59  
16 gender in which they live?

17 MR. BARHAM: Objection as to form and scope.

18 THE WITNESS: In the context in which I wrote  
19 it, yes. In today's context, where -- where the  
20 right is -- "exaggerated" isn't the right word, but 04:40:26  
21 being abused or used for disingenuous purposes would  
22 be a reasonable limit to that which really did not  
23 meaningfully exist when I first -- first wrote this.

24 BY COUNSEL SWAMINATHAN:

25 Q So do you agree, generally, that people in 04:40:47

1 the process of transition have the right to be  
2 addressed by pronouns and other language that  
3 acknowledges the gender in which they live, aside  
4 from these ulterior instances that you just  
5 referenced?

04:41:03

6 MR. BARHAM: Objection as to form and scope.

7 MR. TRYON: Same objection.

8 THE WITNESS: Again, in general, yes. But  
9 transition -- the word "transition" and the process  
10 of transition now is used and meant very differently 04:41:17  
11 from how it was a decade ago.

12 BY COUNSEL SWAMINATHAN:

13 Q How is it used differently?

14 A It's used more broadly, it's used  
15 prematurely, and it's used by people who are 04:41:29  
16 completely outside any healthcare context.

17 Q Is it always used more broadly and more  
18 prematurely now?

19 A I don't really understand the question.

20 Q Is it always the case that the language that 04:41:51  
21 you're taking issue with today is due to the fact  
22 that it's being used prematurely in individuals who  
23 are gender dysphoric?

24 MR. TRYON: Objection to the form.

25 THE WITNESS: I'm sorry, I'm still not quite 04:42:09

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1 understanding the question.

2 COUNSEL SWAMINATHAN: Court Reporter, can you  
3 please read back Dr. Cantor's answer before, where  
4 he expresses the understanding issue?

5 (Record read.)

6 THE REPORTER: The one before that, do you  
7 want me to --

8 COUNSEL SWAMINATHAN: That's good.

9 THE REPORTER: Okay.

10 BY COUNSEL SWAMINATHAN:

11 Q So, Dr. Cantor, I was just saying, do you  
12 believe that it's always the case that the word is  
13 used more broadly and more prematurely?

14 A There are people who still use it properly,  
15 yes. 04:42:58

16 Q Okay. So you were a member of the Society  
17 for the Scientific Study of Sexuality; correct?

18 A Yes, that's correct.

19 Q What is the purpose of the society?

20 A Their stated purpose is to forward and 04:43:15  
21 promote the conduct and dissemination of sex  
22 research.

23 Q How did you get involved in that society?

24 A Oh, I joined when I was a student, as, in  
25 those days, it was -- it was a well-known large 04:43:36

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1 organization, and it had -- it was relatively easy  
2 to get into. One, essentially, could get into it  
3 just by signing up.

4 Q Were there any fees associated with the  
5 society?

04:43:51

6 A Yes, there were.

7 Q Were they annual membership fees?

8 A Yes, they were.

9 Q Are you able to give me an approximation of  
10 what those fees were to be a member of the society?

04:44:02

11 A I don't really recall. They weren't  
12 substantial. And, of course, for students, even  
13 lower, when I first joined.

14 Q And how long have you been a member of this  
15 society?

04:44:21

16 A I would have to look it up. It was roughly  
17 15 to 20 years before I resigned.

18 Q Okay. And what did your membership involve?

19 A Oh, at that point, really just membership and  
20 discussions going -- well, actually, technically,  
21 too, I suppose. One was participation, largely in  
22 their -- in their Listserv discussions with -- with  
23 other sex researchers. And the other, I was on the  
24 editorial board of their journal, the Journal of Sex  
25 Research.

04:44:49

04:45:07

1 Q And so am I understanding it correctly that  
2 you had to be a member in order to access the  
3 Listserv for the Society for the Scientific Study of  
4 Sexuality?

5 A Yes, the Listserv was meant for members. 04:45:16

6 Q Okay. And you said that you resigned from  
7 the society; is that correct?

8 A That is correct.

9 Q When did you resign?

10 A I would have to look up the date. It was 04:45:29  
11 roughly two or three years ago now.

12 Q Okay.

13 COUNSEL SWAMINATHAN: I'm going to introduce  
14 tab 22, which has been marked as Exhibit 30 -- or  
15 63. 04:45:59

16 (Exhibit 63 was marked for identification  
17 by the court reporter and is attached hereto.)

18 BY COUNSEL SWAMINATHAN:

19 Q Please let me know when you're able to see  
20 it. 04:46:01

21 A Got it.

22 Q Great. And so this is a blog post in  
23 Sexology Today!; correct?

24 A Yes, it is.

25 Q And remind me again, what -- what is 04:46:34

1 Sexology Today!?

2 A It's my blog.

3 Q It's your blog. Okay.

4 And this blog post was published on

5 August 10th, 2020; correct?

04:46:45

6 A Yes, that's correct.

7 Q And I'm not going to assume, but since it's  
8 your blog, I assume you authored this blog post;  
9 right?

10 A Yes.

04:46:59

11 Q Okay. And so I see here that you had a  
12 27-year association with the Society for the  
13 Scientific Study of Sexuality.

14 Does that ring a bell?

15 A Yes. Longer than I remember.

04:47:09

16 Q And I see here that the society had removed  
17 you from the online forum; is that right?

18 A That's right.

19 Q It says (as read):

20 "I then received an unsigned email

04:47:24

21 informing me that I had been

22 suspended from the listserv."

23 Did I read that correctly?

24 A I'm not seeing that line, but it sounds  
25 familiar.

04:47:34



1 Q Apologies. It's toward the middle of the  
2 page. I think the fourth paragraph down.

3 A Yes.

4 Q Okay. Why were you removed from -- or why  
5 were you suspended from the Listserv? 04:47:49

6 A That's a good question. There's the reason  
7 they gave me, and there's the reason that everybody  
8 suspects, but nobody will say out loud.

9 Q Can you describe that a bit more?

10 A They believe -- or they told me that what I 04:48:05  
11 said they deemed to be disrespect- -- disrespectful.

12 Q What did you say that they deemed to be  
13 disrespectful?

14 A I sincerely don't remember.

15 Q Did -- to your recollection, did what you 04:48:30  
16 said -- did what you say deal with issues relating  
17 to transgender people or gender-dysphoric people?

18 A Yes. We were debating something about the  
19 science or findings that were reported in the  
20 science and whether it matched up with whatever it 04:48:51  
21 was somebody else was saying. That led to a -- and  
22 that led to a debate. I don't remember without, you  
23 know, going back through my old e-mails exactly what  
24 it -- what it was.

25 Q Got it. Can you turn to the next page of the 04:49:06

1 exhibit, please?

2 A Got it.

3 Q Okay. And there's a footnote 1 at the bottom  
4 of the page. Can you please review that footnote?

5 A Yes. 04:49:29

6 Q So this is an e-mail that you received from  
7 the board of directors?

8 A Yes, it is.

9 Q Is the paragraph under the first sentence,  
10 the one beginning with "Nasty, discourteous, unkind, 04:49:43  
11 uncivil, attacking, inappropriate, unprofessional,  
12 harassing, threatening, hateful, racist, sexist,  
13 homophobic, erotophobic, derogatory, or  
14 objectionable remarks or jokes that might be  
15 offensive to other people, abusive, defamatory, 04:50:01  
16 libelous, pornographic, obscene, invasive of  
17 another's privacy, or otherwise torturous or un- --  
18 torturous or unlawful messages will NOT be deemed  
19 appropriate. Courtesy is highly valued" -- is what  
20 I just read one of the Listserv's guidelines? 04:50:21

21 A Yes, I believe it is.

22 Q And did the Society for the Scientific Study  
23 of Sexuality believe that you violated one of these  
24 guidelines?

25 A There's no way to know what the society 04:50:32

1 thought. The board of directors voted that I did,  
2 but the enormous debate and the other resignations  
3 from the society at the -- at the same time  
4 suggested that was not the opinion of the society;  
5 it was just -- whichever relevant members of the 04:50:51  
6 board.

7 Q Does this e-mail reflesh -- refresh your  
8 recollection of what opinion you expressed that  
9 caused them to suspend your membership from the  
10 Listserv? 04:51:07

11 A No, it doesn't. I didn't express -- I never  
12 expressed anything on that Listserv that I hadn't  
13 expressed in many other venues, including with other  
14 professionals, with other sex researchers.

15 Q And so can you please look at the next page, 04:51:20  
16 at footnote 3?

17 And I believe footnote 3 spans three pages,  
18 from 3 of 9 to 5 of 9, of the exhibit.

19 And this looks like it's an e-mail from you  
20 to the Society of Scientific Study of Sexuality 04:51:47  
21 members dated July 20th, 2020, at 4:48 p.m.; is that  
22 correct?

23 A That time is correct. But, no, I did not  
24 write that.

25 Q This is not your e-mail? 04:52:02

1 A Footnote -- in footnote 3, no, it is not.

2 Q Whose e-mail is this?

3 A Zoe Peterson, then-president of quad S.

4 Q Okay. And --

5 A I believe she signed it at -- yes, that's her 04:52:16  
6 signature at the bottom of it.

7 Q Great. And so this e-mail was written by  
8 Zoe Peterson in response to your resignation from  
9 the society and your suspension from the Listserv?

10 A I hesitate to say what she wrote -- I 04:52:33  
11 hesitate to say that she wrote it in response to me.  
12 I think she wrote it in response to the enormous  
13 discussion on the list that happened, saying that  
14 the society disagreed with what the board did in  
15 banning me from the Listserv. 04:52:50

16 Q I see. Okay.

17 And so this e-mail did go out after you were  
18 banned from the Listserv; right?

19 A Correct. Some of the other members continued  
20 to forward to me relevant e-mails about the debate 04:53:00  
21 that was going on which I then couldn't see.

22 Q Okay. And if you look at page 4 of the  
23 exhibit, at the bottom of the page.

24 A Yes.

25 Q There's a paragraph starting with "Finally, 04:53:17

1 and most importantly, to our transgender,  
2 non-binary, and gender nonconforming members who  
3 raised this issue and who have expressed that they  
4 have felt -- they have long felt hurt, disrespected,  
5 marginalized, and unprotected on our listserv and 04:53:33  
6 within our organization, I hear you and I thank you  
7 for sharing your experiences and reactions with such  
8 honesty and courage."

9 Do you see that?

10 A Yes, I do. 04:53:46

11 Q Do you know why Zoe Peterson included that in  
12 her e-mail?

13 A I assume that she was trying to demonstrate  
14 that people who were resigning should stop resigning  
15 and that she was on what she considered to be the 04:54:02  
16 politically correct avenue.

17 Q So when she says "Finally, and most  
18 importantly, to our transgender, non-binary, and  
19 gender nonconforming members who raised this issue,"  
20 what issue is she talking about? 04:54:19

21 A That's a very good question.

22 Q Do you know the answer to that question?

23 A No, I don't.

24 Q Do you have any understanding that may inform  
25 what the issue that she is referring to may be? 04:54:34

1           A    No. My experience is that people are  
2   misrepresenting issues and exaggerating them in  
3   order to come out with whatever political outcome  
4   they want. It is exactly because this is so vague  
5   that I can't come to any other conclusion but that           04:54:51  
6   this is another one of those.

7 Q So is it your testimony that this response  
8 from Zoe Peterson was not in reaction to your  
9 suspension from the Listserv?

10	A That's not exactly --	04:55:11
----	-------------------------	----------

11 MR. BARHAM: Objection as to form.

12 THE WITNESS: That's not exactly true either.  
13 We had a long chain of events, each leading to the  
14 next, leading to the next, leading to the next. So  
15 there's an association, but not a direct 04:55:27  
16 association. And I have no reason to think that she  
17 was writing to me. And she's a politician,  
18 president of the organization. I also can't easily  
19 discount that she's writing it for purely political  
20 purposes and the content -- I -- I -- I can't know 04:55:41  
21 how much she genuinely believes the content.

22 BY COUNSEL SWAMINATHAN:

23 Q So can you tell me more generally what the  
24 chain of issues was about?

25	A	No. I honestly can't recall. I'm in many,	04:55:55
----	---	---	----------

1 many debates on many, many different Listservs over  
2 the years, and I can't any longer recall which  
3 particular issue sparked this particular debate.

4 Q And you said that Zoe Peterson is a  
5 politician because she's the president of the 04:56:13  
6 Society for the Scientific Study of Sexuality. Why  
7 did you --

8 A She --

9 Q -- say that?

10 A She's writing as a politician, in her 04:56:15  
11 political capacity.

12 Q What is her political capacity as president  
13 for the Society for the Scientific Study of  
14 Sexuality?

15 A I don't understand that question outside 04:56:33  
16 of -- you answered it exactly within the question.

17 Q I guess I'm just trying to understand what  
18 makes Zoe Peterson a politician beyond her title as  
19 president of the society.

20 A That she is in charge of ensuring that the 04:56:45  
21 board of directors has sufficient respect in order  
22 to run the organization. They were losing an  
23 enormous amount of respect over their treatment of  
24 me, and she was trying to shore up what she could.

25 Q How did you know that they were losing an 04:57:01

1 enormous amount of respect as a result of your ban  
2 from the Listserv and your resignation?

3 A Oh, dozens and dozens and dozens of people  
4 were e-mailing me directly immediately afterwards.  
5 They were saying things to the list. Even though I 04:57:17  
6 couldn't see the list, they were cc'ing me on their  
7 responses so I could see it as they were sending it,  
8 as people --

9 Q You said --

10 A -- people who resigned. 04:57:26

11 Q Apologies, I interrupted your answer. Please  
12 continue.

13 A As people were resigning from the  
14 organization, they were e-mailing me to let me know  
15 that they were resigning from the organization. 04:57:36

16 Q You say dozens and dozens and dozens, does  
17 that mean about 36 people?

18 A Oh, again, I couldn't count. Somewhere on  
19 the order of under 50 would -- seems about -- feels  
20 about right. 04:57:51

21 Q Did any members disagree with you in the  
22 Society for the Scientific Study of Sexuality?

23 A That I recall, three or four people who were  
24 post- -- if that many -- who were posting during the  
25 debate itself. 04:58:13



1 Q Do you remember the names of those  
2 individuals?

3 A No, I don't.

4 Q And how many members were are the society, in  
5 total? 04:58:23

6 A That's a good question. Only a relatively  
7 small number of members are on the Listserv, only a  
8 small number of those who are on the Listserv ever  
9 participate in the Listserv, but I don't know the  
10 numbers of each of those categories. 04:58:40

11 Q How many members would you say actively  
12 participate on the Listserv?

13 A I'd guess about a hundred.

14 Q Okay. And so of those hundred, you say only  
15 three or four of them would agree with your 04:59:02  
16 retracted access to the Listserv; is that correct?

17 A Well, no.

18 MR. TRYON: Objection.

19 THE WITNESS: We weren't disagreeing over my  
20 access to the Listserv; we were disagreeing over 04:59:18  
21 whatever scientific issue it was that we were  
22 disagreeing over.

23 BY COUNSEL SWAMINATHAN:

24 Q Were there folks who were in support of your  
25 resignation and your removal from the Listserv? 04:59:29

1           A    The only ones I heard about were the people  
2           that Zoe Peterson referred to. I never knew their  
3           names. I don't know who reported me to whom, under  
4           what circumstances, the number of people.

5           Q    Okay. And so if we -- so sitting here today,   04:59:53  
6           you're -- you're not aware of what the issue was  
7           that caused?

8           A    I don't recall, no.

9           Q    Okay. And remind me again -- so you said  
10          Sexology Today! is your blog; right?                   05:00:08

11          A    That's correct.

12          Q    Do you control all the content of  
13          Sexology Today!?

14          A    Yes, I do. Except sometimes people post  
15          comments.   05:00:23

16          Q    So the actual blog posts are all your  
17          writing, but the comments came from other people; is  
18          that correct?

19          A    Yes, that's correct.

20          Q    Okay. About how many blog posts have you       05:00:34  
21          offered on Sexology Today!?

22          A    Oh, 20ish, maybe.

23          Q    And when did you start your website?

24          A    Maybe 15 years ago.

25          Q    And so why did you feel the need to write       05:00:56

1 this open letter of resignation from the Society for  
2 the Scientific Study of Sexuality on your blog post?

3 A Oh, because they were failing at their -- at  
4 their own mission. I was promoting science. Again,  
5 I don't remember which particular issue within it, 05:01:14  
6 but it was science -- it was what was being shown in  
7 the science despite whether anybody else liked what  
8 was being shown in the science. By blocking me and  
9 what I was saying, they were blocking the progress  
10 of science -- of science itself and the purpose of 05:01:31  
11 the organization.

12 Q And I understand that you can't remember the  
13 incident that led to your resignation and your  
14 banning from the Listserv, but do you believe that  
15 you made any statements that would have been 05:01:45  
16 perceived as offensive to any members of the  
17 society?

18 A I can't automatically collapse together what  
19 is offensive and what is called offensive. I  
20 sincerely don't believe and I don't think that any 05:02:09  
21 objective observer would label anything that I had  
22 ever said as offensive, but that's very different  
23 from whether somebody would call it offensive in  
24 order to keep me from saying it because they didn't  
25 like its implications. 05:02:24

1           Q    I understand.  So it's possible that they  
2           either didn't like your implications of what you  
3           said or they were actually taking offense with what  
4           you had said; is that correct?  Those -- those are  
5           two plausible reactions? 05:02:38

6           MR. TRYON:  Objection to the form of the  
7           question.

8           THE WITNESS:  Yes, both of those are at least  
9           theoretically possible.

10          BY COUNSEL SWAMINATHAN: 05:02:51

11          Q    Okay.  And so, you know, we were talking  
12          earlier about what you understand gender-affirming  
13          care to mean versus how I use the phrase.

14          So it your opinion that the word "transition"  
15          can only be applied in the healthcare setting? 05:03:08

16          A    It depends on the context.  It is relatively  
17          recent that social transition has come to be called  
18          transition at all.  So if one is reading older  
19          posts, older papers, older words, "transition"  
20          usually would refer to somebody who has embarked in 05:03:31  
21          a recognized program and is going through steps.  
22          When -- people use the word "transition" today much,  
23          much more broadly.

24          Q    Okay.  And so as you sit here today, is it  
25          your understanding that the words -- the word 05:03:51

1 "transition" should only be applied in the  
2 healthcare setting?

3 MR. TRYON: Objection.

4 MR. BARHAM: Objection --

5 MR. TRYON: Objection. 05:04:02

6 MR. BARHAM: Objection as to form.

7 THE WITNESS: I can't say that I have any  
8 opinion about how it should be used. The only  
9 important criterion to me is that a term, any term,  
10 is used consistently and concretely and 05:04:18  
11 objectively -- and as objectively as possible.

12 If "transition" is going to continue to mean  
13 something very, very broad, then we are, once again,  
14 going to need a term to refer to the more specific  
15 situations, as long as we're involved in those 05:04:40  
16 specific situations.

17 BY COUNSEL SWAMINATHAN:

18 Q And, Dr. Cantor, what is your understanding  
19 of a competitive sport?

20 MR. BARHAM: Objection as to form and scope. 05:04:54

21 MR. TRYON: I also object.

22 THE WITNESS: I would have to say that I  
23 really have no understanding of "competitive sport"  
24 other than a layperson's.

25 ///

1 BY COUNSEL SWAMINATHAN:

2 Q Do you have any understanding of what a  
3 physical advantage is in a sport?

4 MR. TRYON: Objection.

5 MR. BARHAM: Objection to form and scope. 05:05:19

6 THE WITNESS: Again, I know the particular  
7 terms in the same way that any -- that the lay  
8 public would, but when questions -- when questions  
9 are posed or an issue is -- arises where there is a  
10 quantitative or numeric answer to it, I now have a 05:05:35  
11 level of expertise for analyzing those statistics  
12 for answering the question that other people don't.

13 BY COUNSEL SWAMINATHAN:

14 Q Has anyone ever posed that question to you  
15 before me today? 05:05:50

16 A Not in a formal context, no.

17 Q Would you be able to tell me what your  
18 understanding is of a physical advantage in a  
19 competitive sport, as you sit here today?

20 MR. TRYON: Objection; scope and form. 05:06:05

21 MR. BARHAM: Same.

22 THE WITNESS: Too var- -- any variable that  
23 has a causal relationship with the outcome of how  
24 that sport is -- is evaluated.

25 ///

1 BY COUNSEL SWAMINATHAN:

2 Q And do you agree that there are some  
3 competitive sports teams where physical size is an  
4 advantage?

5 A That would certainly seem so, yes. 05:06:29

6 Q Okay.

7 COUNSEL SWAMINATHAN: I'm going to introduce  
8 tab 23, which will -- which was previously marked as  
9 Exhibit 49. And the article is another blog post  
10 from Sexology Today! titled "When is a 'TERF' not a 05:06:54  
11 TERF?"

12 THE WITNESS: Got it.

13 BY COUNSEL SWAMINATHAN:

14 Q Great. And you authored this article in  
15 July of 2020; correct? 05:07:14

16 A Correct.

17 Q And in this article, you write -- and I'll  
18 turn your attention to the middle of the post. It  
19 says (as read):

20 "I must first challenge the 05:07:27  
21 ironically binary premise that  
22 'exclusion' is all or none. It's  
23 only in the current climate of  
24 extremism that no moderate views get  
25 discussed. Here is a range of some 05:07:40

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1 areas in which sex/gender require  
2 protection:"

3 And you list employment, housing, public  
4 accommodation, with ellipses, locker rooms/showers,  
5 with nudity, and in parentheses, sauna, hottub, 05:07:57  
6 ellipses, close parentheses, locker room/washrooms,  
7 sex segregated. And the final item you list is  
8 competitive sports team, where physical size is an  
9 advantage.

10 Did I read that correctly? 05:08:18

11 A Yes.

12 Q Great. And so in this blog post, you say  
13 that sex/gender require protection in competitive  
14 sports teams where physical size is an advantage; is  
15 that correct? 05:08:39

16 A I offered it as more of an example of -- of  
17 an extreme on a range, but it's hard to think of  
18 something that would be even more extreme than that,  
19 yes.

20 Q Is it your belief that cross-country is a 05:08:48  
21 sport where physical size is an advantage?

22 MR. TRYON: Objection; scope.

23 THE WITNESS: I don't know. I would have  
24 to -- I haven't read that part of the literature.

25 ///



1 BY COUNSEL SWAMINATHAN:

2 Q Have you seen any evidence that shows that  
3 physical sides provide -- physical size provides an  
4 advantage in cross-country?

5 MR. TRYON: Objection; scope. 05:09:15

6 MR. BARHAM: Objection.

7 THE WITNESS: No, I haven't read those  
8 studies.

9 BY COUNSEL SWAMINATHAN:

10 Q Okay. Sitting here today, do you have any 05:09:19  
11 opinion whether or not the plaintiff in this case,  
12 B.P.J., should be allowed to run on the girls'  
13 cross-country team?

14 MR. BARHAM: Objection as to scope and form.

15 MR. TRYON: Same objection. 05:09:36

16 THE WITNESS: I have no opinion in the actual  
17 outcome.

18 COUNSEL SWAMINATHAN: Okay. I think this is  
19 a good point for a break. I'm just going to confer  
20 with my co-counsel and see if we have anything else 05:09:44  
21 left to discuss with Dr. Cantor.

22 But does regrouping at 5:120 work -- sorry --  
23 5:20 work for everyone, a ten-minute break?

24 MR. BARHAM: Sure.

25 COUNSEL SWAMINATHAN: Go off the record. 05:10:00

1 THE VIDEOGRAPHER: Yep. We're going off the  
2 record. The time is 5:10 p.m., and this is the end  
3 of Media Unit No. 6.

4 (Recess.)

5 THE VIDEOGRAPHER: All right. We are back on 05:26:05  
6 the record at 5:26 p.m., and this is the beginning  
7 of Media Unit No. 7.

8 Go ahead, please.

9 BY COUNSEL SWAMINATHAN:

10 Q Dr. Cantor, I'm going to ask you to take a 05:26:15  
11 look back at your 2022 expert report, page 3.

12 A I'm sorry, what page again?

13 Q Page 3.

14 A Got it.

15 Q Great. And before we conclude today, I just 05:26:41  
16 to confirm that you are offering no opinions beyond  
17 the principal opinions that you on this page of the  
18 report and the paragraph at the bottom of the page.  
19 Is that accurate?

20 A Yes, it is. 05:26:56

21 Q Great.

22 COUNSEL SWAMINATHAN: Thank you so much for  
23 your time, Dr. Cantor.

24 I have no further questions right now. I'll  
25 tender the witness, but reserve my right to ask 05:27:03

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1 questions should defense counsel ask questions.

2 So thank you so much.

3

4 EXAMINATION

5 BY MR. BARHAM: 05:27:07

6 Q I do have a few quick questions for you,  
7 Dr. Cantor.

8 I want to refer to your expert report and  
9 page 32 of your CV. Unfortunately, I don't know  
10 which page that is in the deck. 05:27:30

11 THE WITNESS: It's the last page of it, is  
12 it?

13 BY MR. BARHAM:

14 Q Correct.

15 A Goodness, next life, I get a shorter career. 05:27:57  
16 Here we go.

17 Q Earlier today, when we were discussing your  
18 expert testimony, were you referring -- did you have  
19 this page in front of you at the time?

20 A No, I did not. 05:28:10

21 Q On here, there is a 2019 case in probate and  
22 family court, a custody hearing in Boston,  
23 Massachusetts.

24 Do you see that line on page 32?

25 A Yes, I do. 05:28:27

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1 Q Could you describe the general issue  
2 involving your expert testimony in that case?

3 A Yes. Two women, a lesbian couple, were  
4 divorcing. They had joint custody of their child  
5 whom they were fighting over. The child had gender 05:28:38  
6 dysphoria. Now it's a female. One parent believed  
7 that the child should transition; the other parent  
8 did not.

9 Q Earlier today, we were also discussing the  
10 instances in which you have provided care for 05:28:57  
11 transgender individuals.

12 Is it the case that you have only provided  
13 care for transgender individuals in your current  
14 clinic?

15 A No. I was also providing care while I was at 05:29:15  
16 CAMH.

17 COUNSEL SWAMINATHAN: Can I just interrupt  
18 you for one quick second, Dr. Cantor?

19 Travis, I'm having trouble hearing you.

20 MR. BARHAM: Oh, I apologize. 05:29:26

21 COUNSEL SWAMINATHAN: If you could get closer  
22 to the mic, I would greatly appreciate that.

23 And sorry, again, to disrupt.

24 MR. BARHAM: Court Reporter -- is the court  
25 reporter having similar issues, or have we been able

1 to get all those questions into the transcript?

2 THE REPORTER: I've been able to get them  
3 all. It is a little bit difficult to hear you,  
4 though.

5 MR. BARHAM: I apologize. I slid too far  
6 over to my binder.

7 THE REPORTER: Thank you.

8 MR. BARHAM: I will address that.

9 THE REPORTER: Thank you.

10 BY MR. BARHAM: 05:29:46

11 Q Dr. Cantor, we also were earlier discussing  
12 the different types of gender dysphoria, adult  
13 onset, adolescent onset and childhood onset.

14 If we're dealing with -- if you're confronted  
15 with an individual in, say, his early -- his or her 05:30:04  
16 early 20s who is experiencing gender dysphoria,  
17 which category would that individual likely fall  
18 into? What -- what categories would be possible?

19 A Both categories are possible. Early 20s, the  
20 adult onset would be more likely, but we can't be 05:30:31  
21 quite as sure today as we could, say, 10, 15 years  
22 ago. But they're -- until relatively recently, the  
23 children who came in were children, prepubescent,  
24 and the adults who came in were generally  
25 middle-aged. We didn't get anybody coming in during 05:30:47

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1       their teens or 20s. And so the nicknames for  
2       these -- for these two groups simply became child  
3       onset and adult onset.

4               As years have gone on and more people started  
5       presenting, there's now a little bit more overlap in       05:31:02  
6       between.

7               So when age can't be used in order to provide  
8       very obvious categorization -- if somebody comes in  
9       clinically, we would start ask -- asking other  
10      questions that -- that would tell us what group they       05:31:16  
11      belong to, such as their sexual interest patterns,  
12      whether they were attracted to men, women, both and  
13      so on.

14             Q     And when you said a moment ago that both  
15      categories would be possible, what are the two               05:31:31  
16      categories that you had in mind?

17             A     It's possible that the --

18               COUNSEL SWAMINATHAN: Objection to the form.

19               THE WITNESS: It's possible that the person  
20      would be an adult-onset case, but coming into a               05:31:40  
21      clinic relatively early, especially now that trans  
22      issues are talked about so much more. Or as a  
23      childhood-onset case who didn't come in for the  
24      medical or other -- other care until atypically  
25      late.   05:31:57

1 MR. BARHAM: All right. I believe those are  
2 all the questions I need to ask.

3 Mr. Tryon, do you need to supplement?

4 MR. TRYON: Maybe I could ask just one  
5 question, Mr. -- Dr. Cantor. 05:32:13

6

7 EXAMINATION

8 BY MR. TRYON:

9 Q So in the event that you were to determine  
10 that someone in that age category, who was a college 05:32:18  
11 student, were suffering from adult-onset dysphoria,  
12 would then adult-onset dysphoria become relevant in  
13 connection with the statute which we have in place  
14 here, which we are discussing here?

15 COUNSEL SWAMINATHAN: Objection to form. 05:32:41

16 THE WITNESS: Yes, it would become relevant.

17 MR. TRYON: I have no other questions.

18 MS. DUPHILY: Should we go off the record?

19 COUNSEL SWAMINATHAN: Sounds great.

20 THE VIDEOGRAPHER: All right. 05:33:02

21 MR. BARHAM: Does this conclude the  
22 deposition, or are we taking a break?

23 THE VIDEOGRAPHER: This --

24 COUNSEL SWAMINATHAN: It concludes our  
25 questioning from plaintiff's side. 05:33:06

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1 THE VIDEOGRAPHER: Everybody's had a chance;  
2 otherwise, we'll --

3 MS. GREEN: Actually -- this is Roberta Green  
4 on behalf of WVSSAC, and I would just like to note  
5 for the record that we have no questions. 05:33:17

6 THE VIDEOGRAPHER: Okay.

7 MR. CROPP: This is Jeffrey Cropp for the  
8 Harrison County Board of Education and Dora Stutler.  
9 We have no questions.

10 THE VIDEOGRAPHER: Okay. 05:33:24

11 MS. MORGAN: This is Kelly Morgan on behalf  
12 of the West Virginia Board of Education and  
13 Superintendent Burch. I don't have any questions.

14 Thank you.

15 THE VIDEOGRAPHER: Okay. I think that's 05:33:40  
16 everyone now. So with -- with that, I will take us  
17 off the record.

18 Okay. We are off the record at 5:33 p.m.,  
19 and this ends today's testimony given by Dr. Cantor.

20 The total number of media used was seven and 05:33:54  
21 will be retained by Veritext Legal Solutions.

22 (TIME NOTED: 5:33 p.m.)  
23  
24  
25



1  
2  
3  
4  
5 I, JAMES M. CANTOR, do hereby declare under  
6 penalty of perjury that I have read the foregoing  
7 transcript; that I have made any corrections as  
8 appear noted, in ink, initialed by me, or attached  
9 hereto; that my testimony as contained herein, as  
10 corrected, is true and correct.

11 EXECUTED this \_\_\_\_ day of \_\_\_\_\_,  
12 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
(City) (State)

13  
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16 \_\_\_\_\_  
JAMES M. CANTOR

17 VOLUME I  
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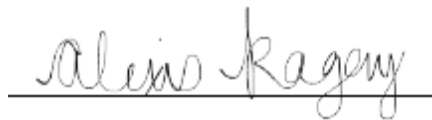
1  
2  
3 I, the undersigned, a Certified Shorthand  
4 Reporter of the State of California, do hereby  
5 certify:

6 That the foregoing proceedings were taken  
7 before me at the time and place herein set forth;  
8 that any witnesses in the foregoing proceedings,  
9 prior to testifying, were placed under oath; that a  
10 record of the proceedings was made by me using  
11 machine shorthand which was thereafter transcribed  
12 under my direction; further, that the foregoing is  
13 an accurate transcription thereof.

14 I further certify that I am neither  
15 financially interested in the action nor a relative  
16 or employee of any attorney of any of the parties.

17 IN WITNESS WHEREOF, I have this date  
18 subscribed my name.

19 Dated: MARCH 28, 2022  
20  
21

22  
23   
24

ALEXIS KAGAY

25 CSR NO. 13795

1 TRAVIS C. BARHAM, ESQ.

2 tbarham@adflegal.org

3 MARCH 28, 2022

4 RE: BPJ V. WEST VIRGINIA STATE BOARD OF EDUCATION

5 MARCH 21, 2022, JAMES M. CANTOR, JOB NO. 5122845

6 The above-referenced transcript has been  
7 completed by Veritext Legal Solutions and  
8 review of the transcript is being handled as follows:

9 \_\_\_ Per CA State Code (CCP 2025.520 (a)-(e)) - Contact Veritext  
10 to schedule a time to review the original transcript at  
11 a Veritext office.

12 \_\_\_ Per CA State Code (CCP 2025.520 (a)-(e)) - Locked .PDF  
13 Transcript - The witness should review the transcript and  
14 make any necessary corrections on the errata pages included  
15 below, notating the page and line number of the corrections.  
16 The witness should then sign and date the errata and penalty  
17 of perjury pages and return the completed pages to all  
18 appearing counsel within the period of time determined at  
19 the deposition or provided by the Code of Civil Procedure.

20 \_\_\_ Waiving the CA Code of Civil Procedure per Stipulation of  
21 Counsel - Original transcript to be released for signature  
22 as determined at the deposition.

23 \_\_\_ Signature Waived - Reading & Signature was waived at the  
24 time of the deposition.

25

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1     \_X\_ Federal R&S Requested (FRCP 30(e)(1)(B)) - Locked .PDF

2           Transcript - The witness should review the transcript and  
3           make any necessary corrections on the errata pages included  
4           below, notating the page and line number of the corrections.  
5           The witness should then sign and date the errata and penalty  
6           of perjury pages and return the completed pages to all  
7           appearing counsel within the period of time determined at  
8           the deposition or provided by the Federal Rules.

9     \_\_\_ Federal R&S Not Requested - Reading & Signature was not  
10           requested before the completion of the deposition.

1 BPJ V. WEST VIRGINIA STATE BOARD OF EDUCATION  
2 JAMES M. CANTOR (#5122845)  
3 E R R A T A S H E E T  
4 PAGE\_\_\_\_\_ LINE\_\_\_\_\_ CHANGE\_\_\_\_\_  
5 \_\_\_\_\_  
6 REASON\_\_\_\_\_  
7 PAGE\_\_\_\_\_ LINE\_\_\_\_\_ CHANGE\_\_\_\_\_  
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9 REASON\_\_\_\_\_  
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23 \_\_\_\_\_  
24 WITNESS Date  
25

[&amp; - 2022]

<b>&amp;</b>	<b>11:47</b> 122:2	265:16	<b>2013</b> 236:7
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**[childhood - collection]**

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**[estimate - expertise]**

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**[expertise - fine]**

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**[hypersexuality - individuals]**

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**[scope - sexist]**

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS  
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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